2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

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Entity Name: FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

SHIMBERG HEALTH SCIENCES LIBRARY
12901 BRUCE B. DOWNS BLVD., MDC 31
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

SHIMBERG HEALTH SCIENCES LIBRARY
12901 BRUCE B. DOWNS BLVD., MDC 31
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2829362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORDA, KRISTEN
SHIMBERG HEALTH SCIENCES LIBRARY
12901 BRUCE B. DOWNS BLVD., MDC 31
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FEDDERN-BEKCAN, TANYA
Address: 5724 LINCOLN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD
Name: TERRAGNOLI, PAMELA
Address: ALL CHILDREN'S HOSPITAL - 501 6TH AV SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD
Name: MORDA, KRISTEN
Address: USF - 12901 BRUCE B. DOWNS BLVD., MDC 31
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTEN MORDA TD 04/05/2010
Electronic Signature of Signing Officer or Director Date