

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2004
Secretary of State**

DOCUMENT# N03000007090

Entity Name: SOUTH FLORIDA HOSPITAL FOUNDATION INC.

Current Principal Place of Business:

P.O. BOX 48542
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48542
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUCKNO, KEITH
3522 JEFFERSON COMMONS DRIVE
#301D
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

GALLO, DAVID
3524 JEFFERSON COMMONS DRIVE
#302
TAMPA, FL 33613 US

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: DAVID GALLO 02/06/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUCKNO, KEITH
Address: 3522 JEFFERSON COMMONS DRIVE #301D
City-St-Zip: TAMPA, FL 33613 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLO, DAVID
Address: 3524 JEFFERSON COMMONS DRIVE #302
City-St-Zip: TAMPA, FL 33613 US

Title: VP () Change (X) Addition
Name: VAN DE MARK, DANE
Address: P.O. BOX 48542
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID GALLO P 02/06/2004
Electronic Signature of Signing Officer or Director Date