


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90036 033 ****70.00

DOCUMENT # N03000007090					
1. Entity Name SOUTH FLORIDA HOSPITAL FOUNDATION INC.					
Principal Place of Business P.O. BOX 48542 TAMPA, FL 33647 US			Mailing Address P.O. BOX 48542 TAMPA, FL 33647 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALLO, DAVID 3524 JEFFERSON COMMONS DRIVE #302 TAMPA, FL 33613				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>David Gallo</u> DAVID GALLO President 1/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	1T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLO, DAVID			NAME	PINHEIRO, GABRIEL
STREET ADDRESS	3524 JEFFERSON COMMONS DRIVE #302			STREET ADDRESS	P.O. Box 48542
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	TAMPA FL 33647
TITLE	VP	<input type="checkbox"/> Delete		TITLE	
NAME	VAN DE MARK, DANE			NAME	
STREET ADDRESS	P.O. BOX 48542			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Gallo</u> DAVID GALLO				1/12/05 813-244-1798	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

