

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007090

FILED  
Jan 13, 2006  
Secretary of State

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: 57-1183086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GALLO, DAVID C P  
15219 PLANTATION OAKS DR.  
#4  
TAMPA, FL 33647 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

01/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: IT ( ) Delete  
Name: PINHEIRO, GABRIEL  
Address: PO BOX 48542  
City-St-Zip: TAMPA, FL 33647

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GALLO, DAVID C P  
Address: 15219 PLANTATION OAKS DR. APT #4  
City-St-Zip: TAMPA, FL 33647 US

Title: VP (X) Change ( ) Addition  
Name: SILVA, PAUL VP  
Address: 17750 EAGLE LANE  
City-St-Zip: LUTZ, FL 33558 US

Title: TRES (X) Change ( ) Addition  
Name: STEINER, JUSTIN E TRES  
Address: 3748 EAGLE FLIGHT LANE  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: SEC ( ) Change (X) Addition  
Name: PINHEIRO, GABRIEL SEC  
Address: P.O. BOX 48542  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/13/2006

Electronic Signature of Signing Officer or Director

Date