

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007090

FILED
Jan 30, 2007
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:

3507 W EMPEDRADO ST
B
TAMPA, FL 33629 US

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

Name and Address of New Registered Agent:

GALLO, DAVID C P
3507 W EMPEDRADO ST.
B
TAMPA, FL 33629 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 C. GALLO

01/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLO, DAVID C P
Address: 3507 W EMPEDRADO ST. #B
City-St-Zip: TAMPA, FL 33629 US

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

Title: TRES (X) Change () Addition
Name: SILVA, PAUL E SEC
Address: P. O. BOX 48542
City-St-Zip: LAND O LAKES, FL 34639 US

Title: SEC (X) Change () Addition
Name: PINHEIRO, GABRIEL TRES
Address: 203 40TH AVENURE W
City-St-Zip: BRADENTON, FL 34205 US

Title: PR () Change (X) Addition
Name: GALLO, ANDREW C PR
Address: 23708 LAKEHILLS DR.
City-St-Zip: LUTZ, FL 33549

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

01/30/2007

Electronic Signature of Signing Officer or Director

Date