2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006
Secretary of State

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Entity Name: USF HEALTH PROFESSIONS CONFERENCING CORPORATION

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD., MDC2
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

12901 BRUCE B. DOWNS BLVD., MDC2
TAMPA, FL 33612

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PREVAUX, STEVEN D. ESQ.
4202 E. FOWLER AVE., ADM 250
UNIVERSITY OF SOUTH FLORIDA
TAMPA, FL 336206250 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: KLASKO, STEPHEN M.D.
Address: 12901 BRUCE B. DOWNS BLVD., MDC 2
City-St-Zip: TAMPA, FL 33620 US

Title: D ( ) Change (X) Addition
Name: ROSEMURGY, ALEX M.D.
Address: 12901 BRUCE B. DOWNS BLVD., MDC 02
City-St-Zip: TAMPA, FL 33620 US

Title: D ( ) Change (X) Addition
Name: HAMMOND, CHARLES M.D.
Address: 12901 BRUCE B. DOWNS BLVD., MDC 02
City-St-Zip: TAMPA, FL 33620 US

Title: D ( ) Change (X) Addition
Name: PEPIN, TOM
Address: 12901 BRUCE B. DOWNS BLVD., MDC 02
City-St-Zip: TAMPA, FL 33620 US

Title: D ( ) Change (X) Addition
Name: PLASCENCIA, LOU
Address: 12901 BRUCE B. DOWNS BLVD., MDC 02
City-St-Zip: TAMPA, FL 33620 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: STEPHEN K. KLASKO, M.D., M.B.A. D 05/18/2006

Electronic Signature of Signing Officer or Director — Date