2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State
04-10-2008 90018 040 ****61.25

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1. Entity Name
USF HEALTH PROFESSIONS CONFERENCING CORPORATION

Principal Place of Business	Mailing Address
12901 BRUCE B. DOWNS BLVD., MDC2 TAMPA, FL 33612	12901 BRUCE B. DOWNS BLVD., MDC2 TAMPA, FL 33612

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12901 Bruce B. Downs Blvd.,	12901 Bruce B. Downs Blvd.
Suite, Apt. #, etc.: MDC 46	Suite, Apt. #, etc.: MDC 46
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33612 Country: USA	Zip: 33612 Country: USA

03222008 Chg-NP CR2E037 (12/06)

4. FEI Number 16-1765073 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PREVAUX, STEVEN D. ESQ.
4202 E. FOWLER AVE., ADM 250
UNIVERSITY OF SOUTH FLORIDA
TAMPA, FL 33620-6250

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLASKO, STEPHEN M.D. 12901 BRUCE B. DOWNS BLVD., MDC 2 TAMPA, FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Klasko, Stephen, MD 12901 Bruce B. Downs Blvd., MDC 46 Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEMURGY, ALEX M.D. 12901 BRUCE B. DOWNS BLVD., MDC 02 TAMPA, FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Rosemurgy, Alex, MD 12901 Bruce B. Downs Blvd., MDC 46 Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMOND, CHARLES M.D. 12901 BRUCE B. DOWNS BLVD., MDC 02 TAMPA, FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Hammond, Charles, MD 12901 Bruce B. Downs Blvd., MDC 46 Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEPIN, TOM 12901 BRUCE B. DOWNS BLVD., MDC 02 TAMPA, FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pepin, Tom 12901 Bruce B. Downs Blvd., MDC 46 Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLASCENCIA, LOU 12901 BRUCE B. DOWNS BLVD., MDC 02 TAMPA, FL 33620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Plascencia, Lou 12901 Bruce B. Downs Blvd., MDC 46 Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Catoe, Paul 12901 Bruce B. Downs Blvd., MDC 46 Tampa, FL 33612	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #