

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001583

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** USF HEALTH PROFESSIONS CONFERENCING CORPORATION

**Current Principal Place of Business:**

12901 BRUCE B. DOWNS BLVD  
MDC 46  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

12901 BRUCE B. DOWNS BLVD  
MDC 46  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 16-1765073      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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: C  
Name: KLASKO, STEPHEN M.D.  
Address: 12901 BRUCE B DOWNS BLVD., MDC 46  
City-St-Zip: TAMPA, FL 33612 US

Title: D  
Name: HAMMOND, CHARLES M.D.  
Address: 12901 BRUCE B. DOWNS BLVD., MDC 46  
City-St-Zip: TAMPA, FL 33612 US

Title: D  
Name: CATOE, PAUL  
Address: 12901 BRUCE B. DOWNS BLVD., MDC 46  
City-St-Zip: TAMPA, FL 33612 US

Title: D  
Name: EURE, HILLARD M III  
Address: 12901 BRUCE B. DOWNS BLVD., MDC 46  
City-St-Zip: TAMPA, FL 33612 US

Title: D  
Name: SMITH, DAVID M.D  
Address: 12901 BRUCE B. DOWNS BLVD., MDC 46  
City-St-Zip: TAMPA, FL 33612 US

Title: D  
Name: NORDEN, KEITH CECD  
Address: 12901 BRUCE B. DOWNS BLVD., MDC 46  
City-St-Zip: TAMPA, FL 33612 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN KLASKO, MD

C

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date