

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001583

FILED
Feb 14, 2012
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: GREGORY VANNETTE

CONT

02/14/2012

Electronic Signature of Signing Officer or Director

Date