2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N06000008379

Entity Name: UNIVERSITY COMMUNITY HOSPITAL WESLEY CHAPEL, INC.

Current Principal Place of Business:

3100 EAST FLETCHER AVENUE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3100 EAST FLETCHER AVENUE
TAMPA, FL 33613

New Mailing Address:

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

Name and Address of Current Registered Agent:

MICELI-MULLEN, JOLINE
3100 EAST FLETCHER AVENUE
TAMPA, FL 33613 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: CHR ( ) Delete
Name: ANDERSON, ROBERT L PH.D
Address: 3100 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613

Title: VCHR ( ) Delete
Name: LIGHTFOOT, KEN
Address: 3100 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613

Title: T ( ) Delete
Name: ENNIS, HENRY G JR.
Address: 3100 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: O'MALLEY, BRENDAN MD
Address: 13901 N. BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L. ANDERSON, PH.D. CHR 03/26/2008

Electronic Signature of Signing Officer or Director — Date