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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07689 (5)

1. Corporation Name

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~% LEONARD GILBERT~~ ~~777 HARBOUR IS DR., S., P.O. BOX 3239~~ ~~TAMPA FL 33602~~	~~% LEONARD GILBERT~~ ~~777 HARBOUR IS DR., S., P.O. BOX 3239~~ ~~TAMPA FL 33602~~

3. Date Incorporated or Qualified: 02/18/1985

4. FEI Number: 59-2550889 — ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3100 E. Fletcher Ave	26 3100 E. Fletcher Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33613 Country 25	Zip 29 33613 Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GILBERT, LEONARD H
777 SOUTH HARBOR ISLAND DRIVE
5TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAU,DONALD K.		1.2 NAME		
STREET ADDRESS	110 WHITAKER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADCOCK, JOHNNY R.		2.2 NAME		
STREET ADDRESS	107 E. FOWLER AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REEVES, ALLEN N.		3.2 NAME		
STREET ADDRESS	11333 NORTH FLORIDA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMAP FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN OVERBEKE, BONNIE		4.2 NAME		
STREET ADDRESS	1104 N RIVERHILLS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HULT, ELIZABETH R.		5.2 NAME		
STREET ADDRESS	3100 E. FLETCHER AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] **SIGNATURE REQUIRED**