FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90051 013 ****61.25

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DOCUMENT # N07689

1. Corporation Name
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
3100 E ELETCHER AVE TAMPA FL 33613 US	3100 E FLETCHER AVE TAMPA FL 33163 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/18/1985

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

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

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

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: Joline Miceli-Mullen
82 Street Address (P.O. Box Number is Not Acceptable): 3100 E Fletcher Ave
83:
84 City: Tampa FL 85 Zip Code: 33613

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: Joline Miceli-Mullen — 3/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	(1) 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/D	☐ DELETE	2.1 TITLE	T/D	☐ Change ☐ Addition
NAME	ADCOCK, JOHNNY R.		2.2 NAME	(2) VAN OVERBEKE, BONNIE	
STREET ADDRESS	107 E. FOWLER AVENUE		2.3 STREET ADDRESS	1104 N. RIVERHILLS DRIVE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VC / D	☐ 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	S/D	☐ Change ☐ Addition
NAME	VAN OVERBEKE, BONNIE		4.2 NAME	MOORE, JULIE	
STREET ADDRESS	1104 N RIVERHILLS DRIVE		4.3 STREET ADDRESS	120 LARE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	LUTZ, FL 33549	
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- (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3/3/99 — (813) 972-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #