2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07689

FILED May 25, 2004 Secretary of State

Entity Name: UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

New Principal Place of Business: Current Principal Place of Business: 3100 E FLETCHER AVE TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** 3100 E FLETCHER AVE TAMPA, FL 33163 FEI Number: 59-2554889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICELI-MULLEN, JOLINE 3100 E. FLETCHÉR AVE. TAMPA, FL 33613 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAU, DONALD K Name: Name: Address: 16504 WILLESPIN DE AVILA Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: SD () Delete Title: () Change () Addition JORDAN, DONNA Name: Name: Address: 6812 MONET CIRCLE Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: VCTD () Delete Title: () Change () Addition BANNING, MARY LYNN Name: Name: 921 GUISANDO DE AVILA Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD K LAU CD 05/25/2004