


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N07689 1. Entity Name UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.	
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Principal Place of Business 3100 E FLETCHER AVE TAMPA, FL 33613 US	Mailing Address 3100 E FLETCHER AVE TAMPA, FL 33163 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2554889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MICELI-MULLEN, JOLINE
3100 E. FLETCHER AVE.
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUNTING, BOB 3100 E. FLETCHER AVE. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERGUSON, DEBBIE 3100 E. FLETCHER AVE. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHUNIAK, DANIEL 3100 E. FLETCHER AVE. TAMPA, FL 33613
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01/28/08-80044-007 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorna L. Miller Lorna L. Miller 1-16-08 (813) 615-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #