

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07689

FILED
Apr 23, 2009
Secretary of State

Entity Name: UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

3100 E FLETCHER AVE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

3100 E FLETCHER AVE
TAMPA, FL 33163 US

New Mailing Address:

3100 E FLETCHER AVE
TAMPA, FL 33613 US

FEI Number: 59-2554889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICELI-MULLEN, JOLINE
3100 E. FLETCHER AVE.
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: CD () Delete
Name: BUNTING, BOB
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

Title: SD () Delete
Name: FERGUSON, DEBBIE
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

Title: TD () Delete
Name: BEHUNIAK, DANIEL
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: O'MALLEY, BRENDAN M.D.
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

Title: SD (X) Change () Addition
Name: AZZARELLI, ELENA
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

Title: TD (X) Change () Addition
Name: GILLIS, JOHN J
Address: 3100 E. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33613

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: BRENDAN O'MALLEY, M.D.

CD

04/23/2009

Electronic Signature of Signing Officer or Director

Date