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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90118 011 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13702

1. Corporation Name

HILLSBOROUGH COUNTY CENTER OF EXCELLENCE, INC.

Principal Place of Business

 7406 N. DIXON
 TAMPA FL 33604
 US

Mailing Address

 P.O. BOX 291447
 TEMPLE TERRANCE FL 33687
 US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/05/1986

4. FEI Number

59-2648954

Applied For

Not Applicable

5. Certificate 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

 GILMORE, RICARDO L
 101 E. KENNEDY BOULEVARD
 SUITE 3200
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

☐ DELETE

NAME

CARLEY, SYLVIA M

STREET ADDRESS

7406 N. DIXON

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

RIGGS, CARL

STREET ADDRESS

USF/CEMSCT-SCA 464

CITY-ST-ZIP

TAMPA FL

TITLE

PD

☐ DELETE

NAME

HORTON, SAM

STREET ADDRESS

8003 JACKSON SPR. RD.

CITY-ST-ZIP

TAMPA FL

TITLE

SD

☐ DELETE

NAME

PEEPLES, TANNIA

STREET ADDRESS

ONE NORTH DALE MABRY

CITY-ST-ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

MCKITRICK, YVONNE

STREET ADDRESS

317 LAKE HOBBS RD

CITY-ST-ZIP

LUTZ FL 33549

TITLE

D

☐ DELETE

NAME

LOWRY, LEON A

STREET ADDRESS

900 DELWARE AVENUE NORTH

CITY-ST-ZIP

TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 817, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #