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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18389** **(9)**

1. Corporation Name
HERNANDO HEALTHCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
14540 CORTEZ BLVD. BROOKSVILLE FL 34613	14540 CORTEZ BLVD. BROOKSVILLE FL 34613-6056

3. Date Incorporated or Qualified: **12/16/1986**
3a. Date of Last Report: **03/07/1996**

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

4. FEI Number: **59-2756094** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L.
ONE HARBOUR PLACE
SUITE 500
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAGLIAMONTE, VINCE		1.2 NAME		
STREET ADDRESS	12383 MAYBERRY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL 34609		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PIERMATTEO, JOSEPH J		2.2 NAME		
STREET ADDRESS	951 MOONLIGHT LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, JOSEPH JR.		3.2 NAME		
STREET ADDRESS	20 SOUTH BROOKSVILLE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCATEER, DERRILL		4.2 NAME		
STREET ADDRESS	9025 CITRUS WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORANA, NICHOLAS		5.2 NAME		
STREET ADDRESS	4257 DRUMMOND DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME			6.2 NAME	Thomas D. Barb	
STREET ADDRESS			6.3 STREET ADDRESS	3303 Flamingo Boulevard	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Spring Hill, FL 34607	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] (Thomas D.) Barb, President (352)596-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066614