FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 MAR 26 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified: 12/16/1986

4. FEI Number: 59-2756094 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

5. Certificate of Status Desired xxx ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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): 777 S. Harbour Island Boulevard
83: One Harbour Place
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	600002475[illegible] ☐ Change ☐ Addition
NAME	PIERMATTEO, JOSEPH J		2.2 NAME	-04/01/98--01085--008
STREET ADDRESS	951 MOONLIGHT LANE		2.3 STREET ADDRESS	*****70.00 *****70.00
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	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BARB, THOMAS D		6.2 NAME	
STREET ADDRESS	3303 FLAMINGO BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HI		6.4 CITY-ST-ZIP	

98 3-26

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 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] 3/24/98 (850) 386-7007

CR2E037 (10/97)