FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N18389**

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

6/1/99 90040 022 $61.21

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 18 No. Broad St.	26 18 No. Broad St.	12/16/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2756094 ☐ Applied For ☐ Not Applicable
City & State 23 Brooksville, FL	City & State 28 Brooksville, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34601 25 USA	Zip / Country 29 34601 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L.
777 S HARBOUR ISLAND BLVD
ONE HARBOUR PLACE
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	D/VC	☒ 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	D	☐ Change ☒ Addition
NAME	PIERMATTEO, JOSEPH J		2.2 NAME	JANET MOSES	
STREET ADDRESS	951 MOONLIGHT LANE		2.3 STREET ADDRESS	8221 PAGODA DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
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	29 So. Brooksville Avenue	
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	C/D	☒ 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	S/T/D	☐ Change ☒ Addition
NAME	MORANA, NICHOLAS		5.2 NAME	GAIL SAMPLES	
STREET ADDRESS	4257 DRUMMOND DRIVE		5.3 STREET ADDRESS	437 BELL AVENUE	
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	P	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BARB, THOMAS D		6.2 NAME	EULA B. WADE	
STREET ADDRESS	3303 FLAMINGO BLVD.		6.3 STREET ADDRESS	209 GALAXY AVE	
CITY-ST-ZIP	SPRING HI		6.4 CITY-ST-ZIP	SPRING HILL, FL 34606	

CR2E037 (11/98)

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, with all other like empowered. KE

SIGNATURE: SIGNATURE REQUIRED 6/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #