

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31887

FILED
Feb 17, 2011
Secretary of State

Entity Name: UNIVERSITY OF SOUTH FLORIDA MEDICAL SERVICES SUPPORT CORPORATION

Current Principal Place of Business:

USF MEDICAL SERVICES SUPPORT CORPORATION
12901 BRUCE B. DOWNS BLVD., MDC 62
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

USF MEDICAL SERVICES SUPPORT CORPORATION
12901 BRUCE B. DOWNS BLVD., MDC 62
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2944683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVAUX, STEVEN D
UNIVERSITY OF SOUTH FLORIDA GENERAL COUNSEL
4202 E FOWLER AVE, ADM 250
TAMPA, FL 33620 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: PD
Name: KLASKO, STEPHEN K MD
Address: 12901 BRUCE B. DOWNS BLVD., MDC 62
City-St-Zip: TAMPA, FL 33612

Title: VD
Name: BELSOLE, ROBERT J MD
Address: 12901 BRUCE B. DOWNS BLVD., MDC 62
City-St-Zip: TAMPA, FL 33612

Title: STD
Name: FENSKE, NEIL A MD
Address: 12901 BRUCE B. DOWNS BLVD., MDC 62
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN K KLASKO MD

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date