2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31887

FILED Feb 15, 2012 Secretary of State

Entity Name: UNIVERSITY OF SOUTH FLORIDA MEDICAL SERVICES SUPPORT CORPORATION

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2944683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PREVAUX, STEVEN D UNIVERSITY OF SOUTH FLORIDA GENERAL COUNSE 4202 E FOWLER AVE, ADM 250 TAMPA, FL 33620 US PREVAUX, STEVEN D UNIVERSITY OF SOUTH FLORIDA GENERAL COUNSE 4202 E FOWLER AVE, CGS 301 TAMPA, FL 33620 US

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: STEVEN D PREVAUX 02/15/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: KLASKO, STEPHEN K MD

Address: 12901 BRUCE B. DOWNS BLVD., MDC 62

City-St-Zip: TAMPA, FL 33612

Title: VD

Name: LOWENKRON, JEFFREY D MD

Address: 12901 BRUCE B. DOWNS BLVD., MDC 62

City-St-Zip: TAMPA, FL 33612

Title: STD

Name: SMITH, DAVID J 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 02/15/2012