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Jan 17 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 # N96000003077 (2)

1. Corporation Name

RIVERSIDE HEALTHCARE FOUNDATION, INC.



Principal Place of Business

Mailing Address

**100 EAST MADISON STREET, SUITE 100
TAMPA FL 33602**

**100 EAST MADISON STREET, SUITE 100
TAMPA FL 33602-4703**

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3014 U.S. HIGHWAY 301 NORTH

26 3014 U.S. HIGHWAY 301 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 500

27 SUITE 500

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Country

Zip

Country

24 33619

25 USA

29 33619

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HUTYA, EDWARD A**
STREET ADDRESS **100 EAST MADISON STREET, SUITE 100**
CITY - ST - ZIP **TAMPA FL 33602**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3014 U.S. HIGHWAY 301 NORTH**
1.4 CITY - ST - ZIP **TAMPA FL 33619**

TITLE **VTD** ☐ DELETE
NAME **TAYLOR, PETER F**
STREET ADDRESS **100 EAST MADISON STREET, SUITE 100**
CITY - ST - ZIP **TAMPA FL 33602**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3014 U.S. HIGHWAY 301 NORTH**
2.4 CITY - ST - ZIP **TAMPA FL 33619**

TITLE **VSD** ☐ DELETE
NAME **WICKS, JOHN C**
STREET ADDRESS **100 EAST MADISON STREET, SUITE 100**
CITY - ST - ZIP **TAMPA FL 33602**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3014 U.S. HIGHWAY 301 NORTH**
3.4 CITY - ST - ZIP **TAMPA FL 33619**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/97
Date

Daytime Phone # **0046931**

CR2E037 (9/96)