

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90030 014 ****61.25

DOCUMENT # N96000003077

1. Corporation Name

RIVERSIDE HEALTHCARE FOUNDATION, INC.

355888 - 90030 - 14

Principal Place of Business

3014 U.S. HIGHWAY 301 NORTH
SUITE 500
TAMPA FL 33619
US

Mailing Address

3014 U.S. HIGHWAY 301 NORTH
SUITE 500
TAMPA FL 33619
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

59-3382698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WICKS, JOHN C.
3014 U. S. HWY 301 N
STE 500
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

Peter F. TAYLOR

82 Street Address (P.O. Box Number is Not Acceptable)

3014 U.S. Highway 301 N.

83

STE 500

84 City

Tampa FL

FL

85 Zip Code

33619

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

TITLE PD
NAME HUTYA, EDWARD A
STREET ADDRESS 3014 U.S. HIGHWAY 301 NORTH
CITY-ST-ZIP TAMPA FL

TITLE VTD
NAME TAYLOR, PETER F
STREET ADDRESS 3014 U.S. HIGHWAY 301 NORTH
CITY-ST-ZIP TAMPA FL

TITLE VSD
NAME WICKS, JOHN C
STREET ADDRESS 3014 U.S. HIGHWAY 301 NORTH
CITY-ST-ZIP TAMPA FL

TITLE VTD
NAME Hazel Berick
STREET ADDRESS 3014 U.S. Highway 301 N.
CITY-ST-ZIP Tampa FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TR-ASSURER

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VSD

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

VD

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED

Edward A. Hutya 4/14/99 813 691-7112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)