

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006075

FILED
Apr 14, 2008
Secretary of State

Entity Name: UNIVERSITY OF SOUTH FLORIDA (USF) HEALTH SERVICES SUPPORT ORGANIZATION, INC.

Current Principal Place of Business:

3500 E. FLETCHER AVENUE
SUITE 530
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3500 E FLETCHER AVENUE
SUITE 530
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3431802

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
4202 EAST 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 () Delete
Name: KLASKO, STEPHEN K MD
Address: 3500 E. FLETCHER AVENUE, SUITE 530
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: BELSOLE, ROBERT J MD
Address: 3500 E. FLETCHER AVENUE, SUITE 530
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: GREENBERG, HARVEY M MD
Address: 3500 E. FLETCHER AVENUE, SUITE 530
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: KARL, RICHARD MD
Address: 3500 E. FLETCHER AVENUE, SUITE 530
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: FENSKE, NEIL A MD
Address: 3500 E. FLETCHER AVENUE, SUITE 530
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: CORIS, ERIC MD
Address: 3500 E. FLETCHER AVENUE, SUITE 530
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN K KLASKO M.D.

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date