

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006075

FILED
Feb 23, 2012
Secretary of State

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

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD., MDC 62
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

12901 BRUCE B. DOWNS BLVD., MDC 62
TAMPA, FL 33612

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:

PREVAUX, STEVEN D
UNIVERSITY OF SOUTH FLORIDA
4202 EAST 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

02/23/2012

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: LOWENKRON, JEFFREY D MD
Address: 12901 BRUCE B. DOWNS BLVD., MDC 62
City-St-Zip: TAMPA, FL 33612

Title: D
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

02/23/2012

Electronic Signature of Signing Officer or Director

Date