

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90026 038 \*\*\*\*61.25

DOCUMENT # N98000000570

1. Entity Name

FLORIDA STATUTORY TEACHING HOSPITAL COUNCIL,  
INC.



Principal Place of Business

215 SOUTH MONROE STREET, 2ND FLOOR  
TALLAHASSEE FL 32301

Mailing Address

215 SOUTH MONROE STREET, 2ND FLOOR  
TALLAHASSEE FL 32301



2. Principal Place of Business

101 N. Gadsden St  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3499157

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELEGAL, MARK K ESO  
PENNINGTON MOORE WILKINSON BELL & DUNBAR  
215 S MONROE ST, 2ND FLOOR  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VCD ☐ Delete  
NAME GORRIE, JAN JOHNSON ESO  
STREET ADDRESS 3109 FOUNTAIN BLVD  
CITY-ST-ZIP TAMPA FL 33609

TITLE TD ☐ Delete  
NAME DELEGAL, MARK K ESO  
STREET ADDRESS 215 S MONROE ST, 2ND FLOOR  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE CD ☐ Delete  
NAME HILLENMEYER, JOHN W  
STREET ADDRESS 1414 KUHLE AVENUE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/O ☐ Change ☒ Addition  
NAME Anthony P. Carvalho  
STREET ADDRESS 101 N. Gadsden Street  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 20, 2005 850-722-3533