

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90013 008 \*\*\*\*70.00

40045133



<b>DOCUMENT # N98000000570</b> 1. Entity Name <b>TEACHING HOSPITAL COUNCIL OF FLORIDA, INC.</b>					
Principal Place of Business <b>101 N GARDEN ST TALLAHASSEE, FL 32301</b>			Mailing Address <b>215 SOUTH MONROE STREET, 2ND FLOOR TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business <b>101 N. Gadsden Street</b>		3. Mailing Address <b>101 N. Gadsden Street</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3499157</b>	
Zip <b>32301</b>		Country <b>Leon</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELEGAL, MARK K ESQ PENNINGTON MOORE WILKINSON BELL &amp; DUNBAR 215 S MONROE ST, 2ND FLOOR TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>GORRIE, JAN JOHNSON ESQ</b> <input type="checkbox"/> Delete <b>3109 FOUNTAIN BLVD</b> <b>TAMPA, FL 33609</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Gorrie, Jan Johnson Esq.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3109 Fountain Blvd.</b> <b>Tampa, FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DELEGAL, MARK K ESQ</b> <input type="checkbox"/> Delete <b>215 S MONROE ST, 2ND FLOOR</b> <b>TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Delegal, Mark K. Esq.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>215 S. Monroe St., 2nd Floor</b> <b>Tallahassee, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HILLENMEYER, JOHN W</b> <input type="checkbox"/> Delete <b>1414 KUHLE AVENUE</b> <b>ORLANDO, FL 32806</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CARVALHO, ANTHONY</b> <input type="checkbox"/> Delete <b>101 N GADSDEN ST</b> <b>TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Carvalho, Anthony</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>101 N. Gadsden Street</b> <b>Tallahassee, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Goldfarb, Timothy M.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1600 S.W. Archer Road, Ste 10217 Ex:Ste..</b> <b>Gainesville, FL 32610</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Burkhart, Jim</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>655 W. 8th St, Adm 1st Floor</b> <b>Jacksonville, FL 32209-6597</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> <b>4/4/2000</b>  <small>Date</small> </div> <div> <b>850-722-3533</b>  <small>Daytime Phone #</small> </div> </div>		

# ATTACHMENT

40045139

Page 2 – Continued Teaching Hospital Council of Florida, Inc. – N98000000570

11.

Title	D	Change	Add
Name:	Sonenreich, Steven.		X
Street Address:	4300 Alton Road Warner Bldg 5 <sup>th</sup> Floor		
City, Zip:	Miami, FL 33140-2849		

Title	D	Change	Add
Name:	Hytoff, Ronald A.		X
Street Address:	Executive Office, Ste A109 2 Columbia Drive		
City, Zip:	Tampa, FL 33606		

Title	D	Change	Add
Name:	O'Quinn, Marvin		X
Street Address:	1611 NW 12 <sup>th</sup> Ave, West Wing Bldg, Ste 117		
City, Zip:	Miami, FL 33136-1005		