2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N98000000570

Entity Name: TEACHING HOSPITAL COUNCIL OF FLORIDA, INC.

Current Principal Place of Business:

101 N GADSDEN ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 N GADSDEN ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3499157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DELEGAL, MARK K ESQ
PENNINGTON MOORE WILKINSON BELL & DUNBAR
215 S MONROE ST, 2ND FLOOR
TALLAHASSEE, FL 32301 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:	V	( ) Delete
Name:	GORRIE, JAN JOHNSON ESQ	
Address:	3109 FOUNTAIN BLVD	
City-St-Zip:	TAMPA, FL 33609	
Title:	S	( ) Delete
Name:	DELEGAL, MARK K ESQ	
Address:	215 S MONROE ST, 2ND FLOOR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	CD	( ) Delete
Name:	HILLENMEYER, JOHN W	
Address:	1414 KUHL AVENUE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	P	( ) Delete
Name:	CARVULHO, ANTHONY	
Address:	101 N GADSDEN ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	GOLDFARB, TIMOTHY M	
Address:	1600 SW ARCHERRD., SUITE 10217	
City-St-Zip:	GAINESVILLE, FL 32610	
Title:	D	( ) Delete
Name:	BURKHART, JIM	
Address:	655 W 8TH ST., ADM 1ST FLR	
City-St-Zip:	JACKSONVILLE, FL 322096597	

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
Name:	
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: MARK K. DELEGAL SEC 07/09/2007

Electronic Signature of Signing Officer or Director — Date