## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000570

FILED Jan 26, 2009 Secretary of State

Entity Name: TEACHING HOSPITAL COUNCIL OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 101 N GADSDEN ST TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 101 N GADSDEN ST TALLAHASSEE, FL 32301 FEI Number: 59-3499157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELEGAL, MARK K ESQ PENNINGTON MOORE WILKINSON BELL & DUNBAR 215 S MONROE ST, 2ND FLOOR TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOLDFARD, TIMOTHY M Name: Name: 1600 S.W. ARCHER ROAD, SUITE 120217 Address: Address: City-St-Zip: GAINESVILLE, FL 32610 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete SONENREICH, STEVEN Name: SONENREICH, STEVEN Name: Address: 7300 ALTON ROAD Address: 4300 ALTON RD., WARNER BLDG, 5TH FLOOR City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140 Title: () Delete Title: () Change () Addition HILLENMEYER, JOHN W Name: Name: Address: 1414 KUHL AVENUE Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: HYTOFF, RONALD A Name: HYTOFF, RONALD A 2 COLUMBIA DRIVE, SUITE A109 SUITE A 109 1 TAMPA GENERAL CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606 Title: () Delete Title: (X) Change ( ) Addition O'QUINN, MARVIN BASSETT, EUGENE Name: Name: 1611 N.W. 12TH AVENUE, WEST WING, SUITE 11 1611 NW 12TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI, FL 33136 US Title: () Delete Title: () Change () Addition BURKHART, JIM Name: Name: Address: 655 W 8TH ST., ADM 1ST FLR Address: JACKSONVILLE, FL 32209 City-St-Zip: 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 RA 01/26/2009