

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000570

FILED  
Jan 06, 2010  
Secretary of State

**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 ( )**

**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:** D  
**Name:** GOLDFARD, TIMOTHY M  
**Address:** 1600 S.W. ARCHER ROAD, SUITE 120217  
**City-St-Zip:** GAINESVILLE, FL 32610

**Title:** D  
**Name:** SONENREICH, STEVEN  
**Address:** 4300 ALTON RD., WARNER BLDG. 5TH FLOOR  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** D  
**Name:** HILLENMEYER, JOHN W  
**Address:** 1414 KUHL AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** D  
**Name:** HYTOFF, RONALD A  
**Address:** SUITE A 109 1 TAMPA GENERAL CIRCLE  
**City-St-Zip:** TAMPA, FL 33606

**Title:** D  
**Name:** BASSETT, EUGENE  
**Address:** 1611 NW 12TH AVENUE  
**City-St-Zip:** MIAMI, FL 33136 US

**Title:** D  
**Name:** BURKHART, JIM  
**Address:** 655 W 8TH ST., ADM 1ST FLR  
**City-St-Zip:** JACKSONVILLE, FL 32209

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:** MARK K. DELEGAL

RA

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date