# 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Apr 19, 2011**
**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 ( )**

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

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

Title: D
Name: BURKHART, JIM
Address: 655 W 8TH ST., ADM 1ST FLR
City-St-Zip: JACKSONVILLE, FL 32201

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 04/19/2011

Electronic Signature of Signing Officer or Director — Date