

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90207 001 ****61.25

0049531

DOCUMENT # N98000004125

1. Corporation Name

FRIENDS OF HILLSBOROUGH HEALTHCARE, INC.

Principal Place of Business

C/O ANNA MARIA HOLDER
401 EAST JACKSON STREET, SUITE 2400
TAMPA FL 33602

Mailing Address

C/O ANNA MARIA HOLDER
401 EAST JACKSON STREET, SUITE 2400
TAMPA FL 33602



2. Principal Place of Business

21 201 North Franklin Street

22 Suite, Apt. #, etc.
Suite #2700

23 City & State
Tampa, FL

24 Zip
33602

Country

2a. Mailing Address

26 201 North Franklin Street

27 Suite, Apt. #, etc.
Suite #2700

28 City & State
Tampa, FL

29 Zip
33602

Country

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number

59-3523687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

IHRIG, WILLIAM KENT
C/O ANDERSON & ORCUTT, P.A.
401 EAST JACKSON STREET, SUITE 2400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Broad and Cassel

83 100 North Tampa Street STE 3500

84 City
Tampa

FL

85 Zip Code
33601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HOLDER, ANNA MARIA
STREET ADDRESS 401 EAST JACKSONVILLE STREET, SUITE 2400
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☒ DELETE
NAME KALASHIAN, LIZE
STREET ADDRESS 1205 EAST 8TH AVENUE
CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ DELETE
NAME DWYER, ALLISTON
STREET ADDRESS POST OFFICE BOX 18974 N/A
CITY-ST-ZIP TAMPA FL 33679-8974

TITLE D ☐ DELETE
NAME HIGGINS, LAWRENCE
STREET ADDRESS 5225 NORTH HIMES AVENUE
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 201 North Franklin Street Suite 2700
1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna Maria Holder* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

813-839-4950

Daytime Phone #

CR2E037 (11/98)