2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2015
Secretary of State
CC5601521897

DOCUMENT# 718695

Entity Name: TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Current Mailing Address:

1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-0898901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGHERM, BRUCE
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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

Officer/Director Detail :

Title	VC
Name	KOUSKOUTIS, MICHAEL ESQ
Address	623 E. TARPON AVENUE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	CHAIRMAN
Name	SCHULTZ, MICHAEL
Address	14055 RIVEREDGE DRIVE SUITE 250
City-State-Zip:	TAMPA FL 33637

Title	SECRETARY
Name	BUTCHER, JACK
Address	2813 BELLWOOD DRIVE
City-State-Zip:	BRANDON FL 33511

Title	DIRECTOR
Name	ARNOLD, PAUL MD
Address	35095 US HWY 19 N #202
City-State-Zip:	PALM HARBOR FL 34684

Title	D
Name	BERGHERM, BRUCE
Address	1395 SOUTH PINELLAS AVENUE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	TREASURER
Name	SELLEW, ROGER
Address	967 BAYSHORE DRIVE
City-State-Zip:	BRANDON FL 33511

Title	DIRECTOR
Name	ADAMS, BRIAN
Address	3100 E. FLETCHER AVENUE
City-State-Zip:	TAMPA FL 33613

Title	DIRECTOR
Name	CARSON, THOMAS MD
Address	1259 S. PINELLAS AVENUE
City-State-Zip:	TARPON SPRINGS FL 34689

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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: MICHAEL SCHULTZ CHAIRMAN 02/25/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHIEFER, MARK
Address	11530 BIDDEFORD PLACE
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DIRECTOR
Name	JOHNSON, JOE
Address	7171 NORTH DALE MABRY HIGHWAY SUITE 101
City-State-Zip:	TAMPA FL 33614