2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: USF HEALTH PROFESSIONS CONFERENCING CORPORATION

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD
MDC 46
TAMPA, FL 33612

Current Mailing Address:

12901 BRUCE B. DOWNS BLVD
MDC 46
TAMPA, FL 33612

FEI Number: 16-1765073

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PREVAUX, STEVEN D. ESQ.
4202 E. FOWLER AVE., ADM 250
UNIVERSITY OF SOUTH FLORIDA
TAMPA, FL 33620-6250 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	C	Title	D
Name	KLASKO, STEPHEN M.D.	Name	HAMMOND, CHARLES M.D.
Address	12901 BRUCE B DOWNS BLVD., MDC 46	Address	12901 BRUCE B. DOWNS BLVD., MDC 46
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612
Title	D	Title	D
Name	EURE, HILLARD MIII	Name	SMITH, DAVID M.D
Address	12901 BRUCE B. DOWNS BLVD., MDC 46	Address	12901 BRUCE B. DOWNS BLVD., MDC 46
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

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: EURE, HILLARD M III OFFICER 02/01/2013

Electronic Signature of Signing Officer/Director Detail — Date