2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2017
Secretary of State
CC7606979933

DOCUMENT# N07689

Entity Name: UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

3100 E FLETCHER AVE
TAMPA, FL 33613

Current Mailing Address:

3100 E FLETCHER AVE
TAMPA, FL 33613 US

FEI Number: 59-2554889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TEPPERT, LAURIE
14055 RIVEREDGE - STE. 250
TAMPA, FL 33637 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: LAURIE TEPPERT 02/14/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TRUSTEE
Name	MEYER, FRED
Address	711 GUISANDO DE AVILLA
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	ADAIR, DARBRA
Address	30304 LAURELWOOD LANE
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	TRUSTEE
Name	CHANDRA, SUMESH MD
Address	16116 LAKE MAGDALENE BLVD.
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	LAY, STEVE MD
Address	8502 LAYS COVE PLACE
City-State-Zip:	ODESSA FL 33556

Title	TREASURER, CHAIRMAN
Name	STONESIFER, KURT MD
Address	16201 SENTRY WOODS COURT
City-State-Zip:	ODESSA FL 33556

Title	TRUSTEE
Name	AZZARELLI, ELENA
Address	16604 MILLAN DE AVILA
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE, VC
Name	JOYCE, ROGER
Address	30214 LAURELWOOD LANE
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	TRUSTEE
Name	MCPHAIL, MARILYN
Address	POST OFFICE BOX 271754
City-State-Zip:	TAMPA FL 33688

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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: KURT STONESIFER, MD TREASURER 02/14/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	MOORE, JULIE
Address	120 LAKE DRIVE WEST
City-State-Zip:	LUTZ FL 33549

Title	TRUSTEE
Name	TAYLOR, TODD
Address	1035 GUISANDO DE AVILA
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	ZWIRN, J.J.
Address	2525 COZUMEL
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	AUSTIN, DAN
Address	1105 FLORES DE AVILA
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	RAINEY, MICHAEL
Address	17816 SIMMS ROAD
City-State-Zip:	ODESSA FL 33556

Title	TRUSTEE
Name	SMITH, DINA S
Address	1128 FLORES DE AVILA
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	WILLIAMS, GARY
Address	16215 BONNEVILLE DRIVE
City-State-Zip:	TAMP FL 33624

Title	TRUSTEE
Name	PARADISE, ERICA
Address	16305 MORADAS DE AVILA
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	LUND, CHAD
Address	1701 N. LOIS AVE. APT. 332
City-State-Zip:	TAMPA FL 33607