2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2024
Secretary of State
2120949549CC

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:

SCHUMAN, JESSICA
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: JESSICA SCHUMAN 05/01/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

Title	TRUSTEE
Name	STANISLOW, JEFF
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	BARKETT-HOFFMAN, ALEXIS
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

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

Title	TRUSTEE
Name	WEIDNER, DAVID
Address	3100 E. FLETCHER AVENUE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	ZUBROWSKI, DIANA
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	NAFE, DANA
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

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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 TRUSTEE 05/01/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE, CHAIRMAN
Name	ERICSSON, DAWN MD
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	ARNDT, LARRY
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	AZZARELLI, MAXWELL
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	FAISON, JAMES
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	FOGG, MATTHEW
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613

Title	TRUSTEE
Name	PEPIN, TINA
Address	3100 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33613