

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002115

FILED
Mar 25, 2009
Secretary of State

Entity Name: BAYCARE OF SOUTHEAST PASCO, INC.

Current Principal Place of Business:

16255 BAY VISTA DR
CLEARWATER, FL 33760-

New Principal Place of Business:

Current Mailing Address:

16255 BAY VISTA DR
CLEARWATER, FL 33760-

New Mailing Address:

FEI Number: 74-3168200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INZINA, THOMAS
16255 BAY VISTA DR
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASON, STEPHEN
Address: 16255 BAY VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: TS () Delete
Name: INZINA, THOMAS
Address: 16255 BAY VISTA DR
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOMMY INZINA

TS

03/25/2009

Electronic Signature of Signing Officer or Director

Date