

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000004416

**FILED**  
**Jan 27, 2024**  
**Secretary of State**  
**8349415272CC**

**Entity Name:** LITTLE STAR FOUNDATION, INC.

**Current Principal Place of Business:**

174 WATERCOLOR WAY SUITE 103-343  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

174 WATERCOLOR WAY SUITE 103-343  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 86-0947944**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GUARDIAN ACCOUNTING  
4023 NORTH ARMENIA  
SUITE 490  
TAMPA, FL 33607 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:** ARTHUR PORTNOY

01/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JAEGER, ANDREA  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            CHIEF OF ONCOLOGY  
Name            CRIPE, TIM DR.  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            PEDIATRIC ONCOLOGY SPECIALIST  
Name            BHAMBHANI, KANTA DR.  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            VP  
Name            BOOKOUT, HEIDI  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            ONCOLOGIST PHYSICIAN  
Name            BHOJWANI, DEEPA DR.  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            PHYSICIAN ASSISTANT  
Name            JAEGER, SUZANNE  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            EDUCATOR  
Name            SMYLEY, BEENE  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            PROGRAM DIRECTOR  
Name            SOLAROVA, ADRIANA  
Address        174 WATERCOLOR WAY SUITE 103-343  
City-State-Zip: SANTA ROSA BEACH FL 32459

**Continues on page 2**

*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:** ANDREA JAEGER

PRESIDENT

01/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER

Name ANDERSON, KATE

Address 174 WATERCOLOR WAY SUITE 103-343

City-State-Zip: SANTA ROSA BEACH FL 32459