

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90022 018 ****61.25

DOCUMENT # 759713 1. Entity Name ST. ANTHONY'S HEALTH CARE FOUNDATION, INC.					
Principal Place of Business 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705 US			Mailing Address 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2128991	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KYES, FORD 1200 SEVENTH AVE NORTH ST. PETERSBURG, FL 33705			Name <u>TERESA BRADLEY, M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 7TH AVENUE N</u> City <u>ST. PETERSBURG FL</u> Zip Code <u>33705</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Teresa Bradley</i></u> <u>2/27/2007</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KYES, FORD 1200 SEVENTH AVE. NORTH SAINT PETERSBURG, FL 33705	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR TERESA BRADLEY, M.D. 1200 7TH AVENUE N ST. PETERSBURG FL 33705	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILCHAK, JOHN 707-1ST AVE SO SAINT PETERSBURG, FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN 360 CENTRAL AVE ST PETERSBURG FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREMONTI, CARL 1200-7TH AVE NO SAINT PETERSBURG, FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Teresa Bradley</i></u> <u>2/27/2007</u> <u>727-825-1071</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40035109



ATTACHMENT

St. Anthony's Health Care Foundation, Inc.
2007 Board of Trustees

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February 2007