

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N00000005708



Mailing Address

1395 S. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 US

**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-3690149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EVANS, DON  
1395 SOUTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

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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: Don Evans Don Evans, CEO, Helen Ellis Memorial Hospital 1/7/02

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SELLEW, ROGER
STREET ADDRESS	1395 SOUTH PINELLAS AVENUE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	VC
NAME	KOUSKOUTIS, N. MICHAEL
STREET ADDRESS	1395 SOUTH PINELLAS AVENUE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	S
NAME	SANTELLA, GENE
STREET ADDRESS	1395 SOUTH PINELLAS AVENUE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	T
NAME	WIKLE, PAUL
STREET ADDRESS	1395 SOUTH PINELLAS AVENUE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_