

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005708

FILED  
Feb 11, 2011  
Secretary of State

**Entity Name:** HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

1395 S. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 549  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

**FEI Number:** 59-3690149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WIKLE, PAUL CHAIR  
1395 SOUTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 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: PAUL J. WIKLE

02/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: WIKLE, PAUL J  
Address: 1395 SOUTH PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VC  
Name: KOUSKOUTIS, N. MICHAEL  
Address: 1395 SOUTH PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: S  
Name: RICHARDSON, DANIEL C  
Address: 1395 SOUTH PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: T  
Name: TARAPANI, JOHN K  
Address: 1395 SOUTH PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: PAUL J. WIKLE

C

02/11/2011

Electronic Signature of Signing Officer or Director

Date