

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90407 046 ****61.25

DOCUMENT # N27273

1. Entity Name

PASCO REGIONAL MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business

13100 FT. KING RD
DADE CITY FL 33525

Mailing Address

13100 FT. KING RD
DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number **43-2030710**
50-2105554

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLVIN, MARION
14131 REGENCY LANE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FINCH, JUNE	
STREET ADDRESS	38144 WILLIAMS AILRE ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	IVP	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDO, MARY	
STREET ADDRESS	12051 MEADOW LANE	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDO, MARIO	
STREET ADDRESS	12051 MEADOW LANE	
CITY-ST-ZIP	COXSACKIE NY 12051	
TITLE	RS	<input type="checkbox"/> Delete
NAME	WATTS, RUTH	
STREET ADDRESS	11618 COVE LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	PARRY, LOUISE	
STREET ADDRESS	38313 RAMBLEWOOD BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLVIN, MARION (TINA)	
STREET ADDRESS	14131 REGENCY LANE	
CITY-ST-ZIP	DADE CITY FL 33525	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE FINCH	
STREET ADDRESS	38144 WILLIAMS AIRE ST.	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	MARY KEEFE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY KEEFE	
STREET ADDRESS	35137 McCULLOUGH'S LEAP	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARA MAE FOWLER	
STREET ADDRESS	37401 ORANGE DALE AVE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH WATTS	
STREET ADDRESS	11618 COVE LANE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	CDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CORCORAN	
STREET ADDRESS	5521 MANDAN STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(TINA) MARION COLVIN	
STREET ADDRESS	14131 REGENCY LANE	
CITY-ST-ZIP	DADE CITY, FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marion (Tina) Colvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(52) 5678873

Date

3/23/04

Daytime Phone #



Attachment 24125555
#1127273
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

DATE OF THIS NOTICE: 10-17-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 43-2030710
FORM: SS-4 NOBOD 0000000931

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

PASCO REGIONAL MEDICAL CENTER
AUXILLIARY INC
13100 FORT KING RD
DADE CITY FL 33525

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 43-2030710. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.