

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90119 030 ****70.00

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1. Corporation Name

PINELLAS-PASCO PROVIDERS' GROUP, INC.

Principal Place of Business

10901-C ROOSEVELT BLVD
SUITE 1000
ST. PETERSBURG FL 33716
US

Mailing Address

P.O. BOX 17923
CLEARWATER FL 33762
US



2. Principal Place of Business

21 1236 Dr. M.L.King Jr St N

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

23 St. Petersburg, FL
24 Zip 33711 25 Country US

28 City & State

29 Zip 30 Country
29 30

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

59-3229853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAYS, PAULA
1236 DR. MARTIN LUTHER KING, JR. STREET N.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME GRAY, RICK M.
STREET ADDRESS 7809 MASSACHUSETTS AVE.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE P ☐ DELETE
NAME HAYS, PAULA
STREET ADDRESS 1236 DR. MARTIN LUTHER KING ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ST ☒ DELETE
NAME MARROCCO, JOHN
STREET ADDRESS 4211 E. BUSCH BLVD. #H
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☒ DELETE
NAME BERNSTEIN, MICHAEL
STREET ADDRESS 14041 ICOT BOULEVARD
CITY-ST-ZIP CLEARWATER FL 34620

TITLE D ☐ DELETE
NAME WEDEKIND, THOMAS
STREET ADDRESS 11254 58TH STREET N.
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE VP ☒ DELETE
NAME YOUNG, SLOAN PH.D.
STREET ADDRESS 4024 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG FL 33711

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Thomas Riggs
1.3 STREET ADDRESS 1437 S Belcher Rd
1.4 CITY-ST-ZIP Clearwater, FL 33764

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME David Lough
3.3 STREET ADDRESS 10901C Roosevelt Blvd
3.4 CITY-ST-ZIP St. Petersburg, FL 33716 D

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ST ☒ Change ☐ Addition
5.2 NAME Secretary/Treasurer
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Irene Rickus
6.3 STREET ADDRESS PO Box 428
6.4 CITY-ST-ZIP New Port Richey, FL 34656

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)