

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90290 013 ****61.25

DOCUMENT # N94000000096

1. Entity Name

PINELLAS-PASCO PROVIDERS' GROUP, INC.



Principal Place of Business
14041 ICOT BLVD
CLEARWATER FL 33760
US

Mailing Address
14041 ICOT BLVD
CLEARWATER FL 33760
US

2. Principal Place of Business
7809 Massachusetts Avenue
Suite, Apt. #, etc.

3. Mailing Address
7809 Massachusetts Avenue
Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip Country
34653 US

Zip Country
34653 US

4. FEI Number
59-3229853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, JANICE
GULF COAST JEWISH FAMILY SERVICES
14041 ICOT BLVD
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name
Irene K. Rickus

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

7809 Massachusetts Avenue

City New Port Richey FL Zip Code 34653

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

Irene K. Rickus

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

(NOTE: Registered Agent signature required when reinstating)

4/11/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 CCD ☒ Delete
NAME DAIRE, BARBARA
STREET ADDRESS P.O. BOX 10970
CITY-ST-ZIP ST PETERSBURG FL 33733-0970

TITLE CCD ☐ Delete
NAME RICKUS, IRENE
STREET ADDRESS 2739 US HIGHWAY 19, SUITE 600
CITY-ST-ZIP HOLIDAY FL 34691

TITLE SD ☒ Delete
NAME RIGGS, TOM
STREET ADDRESS 1437 SOUTH BELCHER ROAD
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☒ Delete
NAME MCDONALD, JANICE
STREET ADDRESS 14041 ICOT BLVD
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☒ Addition
NAME Wedekind, Thomas
STREET ADDRESS 11254 58th Street North
CITY-ST-ZIP Pinellas Park, FL 34666

TITLE T/S/D ☒ Change ☐ Addition
NAME Irene K. Rickus
STREET ADDRESS 7809 Massachusetts Avenue
CITY-ST-ZIP New Port Richey, FL 34653

TITLE VP/D ☐ Change ☒ Addition
NAME McMath, Gary
STREET ADDRESS 455 5th Avenue North
CITY-ST-ZIP St. Petersburg, FL 33733

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Irene K. Rickus, Secretary/Treasurer

4/11/2005

(727) 817-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #