


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90041 008 \*\*\*\*61.25

<b>DOCUMENT # N94000000096</b> 1. Entity Name <b>PINELLAS-PASCO PROVIDERS' GROUP, INC.</b>					
Principal Place of Business <b>7809 MASSACHUSSETTS AVE NEW PORT RICHEY, FL 34653 US</b>			Mailing Address <b>7809 MASSACHUSSETTS AVE NEW PORT RICHEY, FL 34653 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11254 58th ST N</b> Suite, Apt. #, etc.		3. Mailing Address <b>11254 58th ST. N</b> Suite, Apt. #, etc.			
City & State <b>Pinellas Park, FLORIDA</b> Zip <b>33782</b>		City & State <b>Pinellas Park, FLORIDA</b> Zip <b>33782</b>		4. FEI Number <b>59-3229853</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICKUS, IRENE K 7809 MASSACHUSSETTS AVE NEW PORT RICHEY, FL 34653</b>				7. Name and Address of New Registered Agent Name <b>Thomas Wedekind</b> Street Address (P.O. Box Number is Not Acceptable) <b>11254 58th ST. N</b> City <b>Pinellas Park</b> <b>FL</b> Zip Code <b>33782</b>	
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 <u><i>Thomas C Wedekind</i></u> <span style="float: right;">8/23/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD CLARK, DIANE 11254 58TH ST N PINELLAS PARK, FL 34666</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RICKUS, IRENE K 7809 MASSACHUSSETTS AVE NEW PORT RICHEY, FL 34653</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCMATH, GARY 455 5TH AVE N SAINT PETERSBURG, FL 33733</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CLARK, DIANE 6655 66th ST N, Pinellas Park, FL 33781</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Thomas Wedekind 11254 58th ST N, Pinellas Park, FL 33782</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TOM RIGGS 1437 S. Belcher Rd. Suite 200, Clearwater, FL 33764</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Thomas C Wedekind</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8/23/07</u> <span style="float: right;">Daytime Phone #</span>	