

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001222

FILED
Aug 24, 2006
Secretary of State

Entity Name: PASCO PEDIATRIC FOUNDATION, INC.

Current Principal Place of Business:

5132 U.S. HWY. 19
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 816
PORT RICHEY, FL 346730816 US

New Mailing Address:

FEI Number: 59-3305276 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POTTER, MATTHEW A
5940 MAIN STREET
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD (X) Delete
Name: BAIN, RUSSELL DR
Address: 5132 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: P () Delete
Name: BRUST, KIMBERLY
Address: 12029 MAJESTIC BLVD
City-St-Zip: BAYONET PT, FL 34667

Title: TD () Delete
Name: POTTER, MATTHEW A
Address: 5940 MAIN ST.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: FREGGER, BETH
Address: 5745 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: SYRASKI, DAVID
Address: 36750 US HWY 19
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MATTHEW A POTTER

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08/24/2006

Electronic Signature of Signing Officer or Director

Date