2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 8:00 am

				Sagre	stary of Sta	10	
DOCUMENT # N9500001222 1. Entity Name PASCO PEDIATRIC FOUNDATION, INC.				Secretary of State 01-26-2007 90036 025 ****70.00			
Principal Place of Bu 5132 U.S. HWY. 19 NEW PORT RICHEY,	9	Mailing Address P.O. BOX 816 PORT RICHEY, FL 34673-	0816 US				
2. Principal Place of	of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, PO Bo City & State		PO Box 8/6	2	01222007 Chg-NP		policed For	
New Port	TRichey FL.	PORT Richey	FL:	4. FEI Number 59-3305276	<u> </u>	pplied For ot Applicable	
34652	Country'	34273-0816	Country USA	5. Certificate of Status De	esired 🗹 \$8.75 Ad		
6.	Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent Name			
POTTER, MATTHEW A 5940 MAIN STREET				Street Address (P.O. Box Number is Not Acceptable)			
	CHEY, FL 34652		- Giroti Aldirosa	Sireer Address (P.O. Bux Number is Not Acceptable)			
			City		₽ Zip Coo	te .	
				ared agent or both in the Sta	rl		
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							
	re, typed or printed name of registered agent an	d title if applicable. (NOTE, Re	agistered Agent signature require	ed when reinstating)	DATE		
Signatui Fili n	ng Fee Is \$61.25	9. Election Campa	aign Financing	\$5.00 May Be	Make check payable t		
Signatui Fili n	ng Fee Is \$61.25 by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Make check payable t Florida Department of S	tate	
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TITLE P. 1202 STREET ADDRESS CITY-ST-ZIP BAY TITLE TD. NAME POT STREET ADDRESS 5940	OFFICERS AND DIRECTOR	9. Election Campa Trust Fund Con CCTORS	aign Financing tribution. 11. TITLE PAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO SS, KENT A MAIN ST. J PORT RICHEY, JETON, JOHN 9 Ridge Rd.	Make check payable to Florida Department of Statement of	State N 10 Addition	
TITLE P. 1202 STREET ADDRESS CITY-ST-ZIP BAY TITLE TD. NAME POT STREET ADDRESS 5940	OFFICERS AND DIRECTOR	9. Election Campa Trust Fund Con CCTORS Delete	aign Financing tribution. 11. TITLE PAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO SS KENT ADDITIONS/CHANGES TO SS FORT RICHEY,	Make check payable to Florida Department of Statement of	N 10 Addition	
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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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

N9500001222

BLOCK 11

Р RUSS, KENT 5902 MAIN ST. **NEW PORT RICHEY, FL 34652**

TD SKELETON, JOHN 6709 RIDGE RD. PORT RICHEY, FL 34668

VPD CARLSON, TAMARA 2523 SEVEN SPRINGS BLVD. **NEW PORT RICHEY, FL 34698**