# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2008 8:00 am**
**Secretary of State**
02-18-2008 90021 036 ****70.00

DOCUMENT # N95000001222

1. Entity Name
PASCO PEDIATRIC FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6115 FIORD WAY<br>NEW PORT RICHEY, FL 34652 US | P.O. BOX 816<br>PORT RICHEY, FL 34673-0816 US |

02132008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3305276 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name BIGELOW, KRISTINE M.
Street Address (P.O. Box Number is Not Acceptable)
6630 EMBASSY BLVd. STE. B
City PORT RICHEY, FL Zip Code 34668

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 Kristine M. Bigelow 2-14-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RUSS, KENT<br>5902 MAIN STREET<br>NEW PORT RICHEY, FL 34652 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CARLSON, TAMMY<br>2523 Seven Springs Blvd.<br>NEW PORT RICHEY, FL. 34655 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SKELETON, JOHN<br>1709 RIDGE RD<br>NEW PORT RICHEY, FL 34652 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RUSS, KENT<br>5902 MAIN STREET<br>NEW PORT RICHEY, FL 34652 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FREGGER, BETH<br>5745 MAIN ST<br>NEW PORT RICHEY, FL 34652 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LIPTAK, DOROTHY<br>6115 FIORD WAY<br>NEW PORT RICHEY, FL. 34652 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CARLSON, TAMARA<br>2523 SEVEN SPRINGS BLVD<br>NEW PORT RICHEY, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** KENT RUSS Kent Russ 2-14-08 727-243-3714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #