

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001222

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PASCO PEDIATRIC FOUNDATION, INC.

## Current Principal Place of Business:

6115 FIORD WAY  
NEW PORT RICHEY, FL 34652 US

## New Principal Place of Business:

2527 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655 US

## 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 ( )

## Name and Address of Current Registered Agent:

BIGELOW, KRISTINE M  
6630 EMBASSY BLVD STE B  
PORT RICHEY, FL 34668 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: P ( ) Delete  
Name: CARLSON, TAMMY  
Address: 2523 SEVEN SPRINGS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete  
Name: RUSS, KENT  
Address: 5902 MAIN STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: LIPTAK, DOROTHY  
Address: 6115 FORD WAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TUTTLE-BEISNER, HEIDI  
Address: 2527 SEVEN SPRINGS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP (X) Change ( ) Addition  
Name: DERONDA, CLINT  
Address: 9037 US HIGHWAY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: T (X) Change ( ) Addition  
Name: STREAM, KRISTINA  
Address: 10220 US HIGHWAY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Change (X) Addition  
Name: PETIKA, CINDY  
Address: P.O. BOX 54  
City-St-Zip: ELFERS, FL 34680

I hereby certify that the information supplied with this filing does not qualify 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: CLINT DERONDA

VP

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date