

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001222

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** PASCO PEDIATRIC FOUNDATION, INC.

**Current Principal Place of Business:**

2527 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

9100 HUDSON AVENUE  
HUDSON, FL 34667 US

**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:** VP  
**Name:** TUTTLE-BEISNER, HEIDI  
**Address:** 2527 SEVEN SPRINGS BLVD  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

**Title:** P  
**Name:** DERONDA, CLINT C  
**Address:** 9100 HUDSON AVENUE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** T  
**Name:** STREAM, KRISTINA  
**Address:** 9100 HUDSON AVENUE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** S  
**Name:** PETIKA, CINDY  
**Address:** 3152 LITTLE ROAD, #119  
**City-St-Zip:** TRINITY, FL 34655

I hereby 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 all other like empowered.

**SIGNATURE:** CLINT C. DERONDA

P

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date