

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002335

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** HELEN ELLIS MEMORIAL HOSPITAL REAL ESTATE CORPORATION

**Current Principal Place of Business:**

HELEN ELLIS MEMORIAL HOSPITAL  
1395 S. PINELLAS AVE.  
TARPON SPRINGS, FL 346893790

**New Principal Place of Business:**

**Current Mailing Address:**

HELEN ELLIS MEMORIAL HOSPITAL  
1395 S. PINELLAS AVE.  
TARPON SPRINGS, FL 346893790

**New Mailing Address:**

**FEI Number:** 59-3375731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, DON  
1395 SOUTH PINELLAS AVE  
TARPON SPRINGS, FL 34689 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: STD ( ) Delete  
Name: EVANS, DON  
Address: 1395 SOUTH PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: STEIN, NORM  
Address: 3100 E FLEETHER AVE  
City-St-Zip: TAMPA, FL 33613

Title: PD ( ) Delete  
Name: PARKER, THADDEUS C III  
Address: 1395 SOUTH PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Change ( ) Addition  
Name: KOUSKOUTIS, MICHAEL ESQ  
Address: 1395 SOUTH PINELLAS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

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: DON EVANS

RA

04/21/2008

Electronic Signature of Signing Officer or Director

Date