


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90029 011 ****61.25

DOCUMENT # N98000003614	
1. Entity Name THE KIDS HEALTH CARE FOUNDATION, INC.	

Principal Place of Business 1105 E. KENNEDY BLVD TAMPA, FL 33602 US	Mailing Address P.O. BOX 5135 TAMPA, FL 33675-9986
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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

90070210



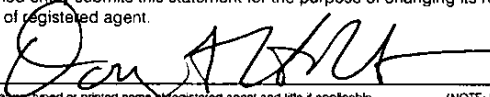
04142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3517416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HOLT, DOUGLAS A 1105 E. KENNEDY BLVD TAMPA, FL 33602	

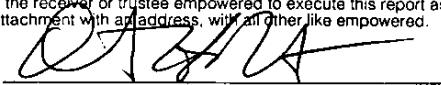
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 4-15-08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HOLT, DOUGLAS A MD
STREET ADDRESS	1105 E. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D <input type="checkbox"/> Delete
NAME	AUBIN, MICHAEL D
STREET ADDRESS	2001 W MLK BLVD
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	GILLETTE, MARY ELLEN
STREET ADDRESS	12213 N ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D <input type="checkbox"/> Delete
NAME	GORSKI, PETER A
STREET ADDRESS	1002 E PALM AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, TREVOR G
STREET ADDRESS	4234 FAIRWAY CIR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D <input type="checkbox"/> Delete
NAME	FREEDMAN, STEVE
STREET ADDRESS	18907 AVENUE BIARRITZ
CITY-ST-ZIP	LUTZ, FL 33558

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter A. Gorski, M.D., M.P.A.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Freedman, Ph.D.
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.	
SIGNATURE: 	DATE 4-15-08 DAYTIME PHONE # 813-307-8008