

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003614

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE KIDS HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

1105 E. KENNEDY BLVD
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5135
TAMPA, FL 336759986

New Mailing Address:

FEI Number: 59-3517416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, DOUGLAS A
1105 E. KENNEDY BLVD
TAMPA, FL 33602 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: D () Delete
Name: HOLT, DOUGLAS A MD
Address: 1105 E. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: AUBIN, MICHAEL D
Address: 2001 W MLK BLVD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: GILLETTE, MARY ELLEN
Address: 12213 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: GORSKI, PETER A MD
Address: 1002 E PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: SMITH, TREVOR G
Address: 4234 FAIRWAY CIR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: FREEDMAN, STEVE PH.D.
Address: 18907 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: EDEN, AIMEE R
Address: 513 CAROLYNE STREET
City-St-Zip: TAMPA, FL 33617

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

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: DOUGLAS A. HOLT

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date