

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003614

FILED
Jan 26, 2011
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
Name: HOLT, DOUGLAS A MD
Address: 1105 E. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602 US

Title: D
Name: BECKNER, KEVIN
Address: 601 E. KENNEDY BLVD., COUNTY CENTER
City-St-Zip: TAMPA, FL 33602

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

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

Title: D
Name: EDEN, AIMEE R
Address: 4202 E.FOWLER AVE., SOC 107
City-St-Zip: TAMPA, FL 33620

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

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: DOUGLAS A. HOLT

D

01/26/2011

Electronic Signature of Signing Officer or Director

_____ Date