

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003262

FILED
Jan 14, 2011
Secretary of State

Entity Name: NORTH PINELLAS CHILDREN'S MEDICAL CENTER, INC.

Current Principal Place of Business:

31860 US 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

31860 US 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 02-0532518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANTAGES, EFSTRATIOS
1666 SEA BREEZE DRIVE
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: D
Name: KLEIN, JAY H
Address: 1425 SAIL HARBOR CIR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: FAUBER, DEAN H
Address: 1825 SALEM CT.
City-St-Zip: DUNEDIN, FL 34698

Title: D
Name: GROVER, ALPANA A
Address: 4946 QUILL CT
City-St-Zip: PALM HARBOR, FL 34685

Title: D
Name: MITCHELL, PAUL E
Address: 6143 CLAIREDELUNE CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D
Name: BLACK, JANET K
Address: 3547 ERMINE PATH
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: ARMSTRONG, CHRISTINE B
Address: 14612 TUDOR CHASE DR.
City-St-Zip: TAMPA, FL 33626

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EFSTATIOS PANTAGES

DIR

01/14/2011

Electronic Signature of Signing Officer or Director

Date