2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 19, 2025
Secretary of State
2502282907CC

DOCUMENT# 718695

Entity Name: TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Current Mailing Address:

1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-0898901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUMAN, JESSICA
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

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: JESSICA SCHUMAN 06/19/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	MEMBER
Name	DIDENKO, DIMA
Address	3100 E. FLETCHER AVENUE
City-State-Zip:	TAMPA FL 33613

Title	CHAIRMAN
Name	BERGHERM, BRUCE
Address	1395 S PINELLAS AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MEMBER
Name	DAVIS, RODRIGO MD
Address	1395 S PINELLAS AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MEMBER
Name	MATHUR, RAJ MD
Address	1395 S PINELLAS AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MEMBER
Name	ADAMS, BRIAN
Address	1395 SOUTH PINELLAS AVENUE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	SECRETARY
Name	BUTCHER, JACK
Address	1395 S PINELLAS AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MEMBER
Name	JOHNSON, JOE
Address	1395 S PINELLAS AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MEMBER
Name	PAPPAS, ROSANNE
Address	1395 S PINELLAS AVE
City-State-Zip:	TARPON SPRINGS FL 34689

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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: JACK BUTCHER SECRETARY 06/19/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title MEMBER
Name PIENADO, JONATHAN
Address 1395 S PINELLAS AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title MEMBER
Name WILLIAMS, PATRICIA
Address 1395 S PINELLAS AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title ASSISTANT SECRETARY
Name DANG-DO, MINH
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MEMBER
Name SPROWLS, SHANNON
Address 1395 S PINELLAS AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title ASSISTANT SECRETARY
Name ADDISCOTT, LYNN C
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714