

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**DUNKEL, JASON
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC, DIRECTOR
Name KOUSKOUTIS, MICHAEL ESQ
Address 623 E. TARPON AVENUE
City-State-Zip: TARPON SPRINGS FL 34689

Title TREASURER
Name SELLEW, ROGER
Address 967 BAYSHORE DRIVE
City-State-Zip: BRANDON FL 33511

Title DIRECTOR
Name SCHIEFER, MARK
Address 11530 BIDDEFORD PLACE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name DINAPOLI, PETER MD
Address 34629 US HIGHWAY 19 NORTH
City-State-Zip: PALM HARBOR FL 34684

Title CHAIRMAN, DIR
Name BERGHERM, BRUCE
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name CARSON, THOMAS MD
Address 1259 S. PINELLAS AVENUE
City-State-Zip: TARPON SPRINGS FL 34689

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

Title PRESIDENT, DIRECTOR
Name DUNKEL, JASON
Address 1395 S. PINELLAS AVE.
City-State-Zip: TARPON SPRINGS FL 34689

Continues on page 2

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: DIMA DIDENKO**DIRECTOR****04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MAYO, DARRELL	Name	PAWSON, JONATHAN
Address	374 HOBBS ST	Address	6424 TROUBLE CREEK ROAD
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	NEW PORT RICHEY FL 34653-5248
Title	DIRECTOR		
Name	ARNOLD, PAUL DR.		
Address	1395 S. PINELLAS AVE.		
City-State-Zip:	TARPON SPRINGS FL 34689		