

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001104

**Entity Name:** FLORIDA HOSPITAL PHYSICIAN GROUP, INC.

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC5466740388**

**Current Principal Place of Business:**

14055 RIVEREDGE DRIVE,  
SUITE 250  
TAMPA, FL 33637-2141

**Current Mailing Address:**

14055 RIVEREDGE DRIVE,  
SUITE 250  
TAMPA, FL 33637-2141 US

**FEI Number: 46-2021581**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRIMBLE, T. L.  
900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 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 D  
Name REINER, RICHARD K  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name RATHBUN, PAUL C  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name TRIMBLE, TAMARA L  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT  
Name BOUZAKIOS, TROY  
Address 3100 E. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33613

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

*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: TROY BOUZAKIOS**

**PRESIDENT**

**01/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date