

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001104

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**4885019408CC**

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

**Current Principal Place of Business:**

12470 TELECOM DRIVE  
SUITE 100  
TAMPA, FL 33637

**Current Mailing Address:**

12470 TELECOM DRIVE  
SUITE 100  
TAMPA, FL 33637 US

**FEI Number:** 46-2021581

**Certificate of Status Desired:** No

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

MARCHAK, MARGARET  
14055 RIVEREDGE DRIVE,  
SUITE 250  
TAMPA, FL 33637-2141 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 ASSISTANT SECRETARY, DIRECTOR  
Name DIDENKO, DIMA  
Address 3100 E. FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33613

Title CHAIRMAN, DIRECTOR  
Name SCHULTZ, MICHAEL  
Address 14055 RIVEREDGE DRIVE  
SUITE 250  
City-State-Zip: TAMPA FL 33637

Title DIRECTOR  
Name JENKINS, CHRISTOPHER  
Address 2700 HEALING WAY  
SUITE 320  
City-State-Zip: WESLEY CHAPEL FL 33544

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

Title ASSISTANT SECRETARY  
Name BLOCK, MARK  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY  
Name GRAFF, JEFF  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY  
Name SAUNDERS, MICHAEL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY  
Name SCHUMAN, JESSICA  
Address 3100 FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33613

**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:** LYNN ADDISCOTT

**ASSISTANT SECRETARY** 04/24/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, ASSISTANT SECRETARY  
Name            BERGHERM, BRUCE  
Address        1395 S. PINELLAS AVENUE  
City-State-Zip: TARPON SPRINGS FL 34689

Title            ASSISTANT SECRETARY  
Name            BRADY, AMANDA  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            ASSISTANT SECRETARY  
Name            HUFFMAN, DAVID  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714