

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001104

FILED
Jan 29, 2015
Secretary of State
CC1432591002

Entity Name: FLORIDA HOSPITAL PHYSICIAN GROUP, INC.

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:

TEPPERT, LAURIE
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 ASSISTANT SECRETARY, DIRECTOR
Name JONATHAN, PHILLIPS MD
Address 2700 HEALING WAY
SUITE 110
City-State-Zip: WESLEY CHAPEL FL 33543

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

Title SECRETARY, DIRECTOR
Name STILTZ, BRYAN
Address ADVENTIST HEALTH SYSTEM
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER, DIRECTOR
Name SEIFERT, LEWIS
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

Title ASSISTANT SECRETARY, DIRECTOR
Name SURBER, RANDY
Address 7050 GALL BLVD.
City-State-Zip: ZEPHYRHILLS FL 33540

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: BRYAN STILTZ

SECRETARY

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date