

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001104

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC5066560810**

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

**Current Principal Place of Business:**

2700 HEALING WAY  
SUITE 320  
WESLEY CHAPEL, FL 33545

**Current Mailing Address:**

2700 HEALING WAY  
SUITE 320  
WESLEY CHAPEL, FL 33545 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

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

**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:** ARIEL DE PRADA

**ASSISTANT SECRETARY** 01/28/2016

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title ASSISTANT SECRETARY  
Name DE PRADA, ARIEL  
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