

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001104

FILED
Apr 18, 2019
Secretary of State
3620920495CC

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:

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 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 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 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

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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

AS

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title TREASURER, DIRECTOR
Name HEINRICH, WILLIAM
Address 14055 RIVEREDGE DRIVE
City-State-Zip: TAMPA FL 33637

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

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