FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708088** **(0)**

1. Corporation Name

ALL CHILDREN'S HOSPITAL, INC.

Principal Place of Business	Mailing Address
801 6TH ST SO ST PETERSBURG FL 33701	801 6TH ST SO ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1964**
3a. Date of Last Report: **06/09/1994**
4. FEI Number: **59-0683252** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SEXTON, J. DENNIS
801 SIXTH ST. SOUTH
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	P	XX Change ☐ Addition
NAME	HOUGHTON, BETH	1.2 NAME	SEXTON, J. DENNIS	
STREET ADDRESS	801 SIXTH ST., S.	1.3 STREET ADDRESS	801 SIXTH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	PD	2.1 TITLE	V	XX Change ☐ Addition
NAME	SEXTON, DENNIS J	2.2 NAME	HOUGHTON, BETH A.	
STREET ADDRESS	801 SIXTH STREET SOUTH	2.3 STREET ADDRESS	801 SIXTH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VC	3.1 TITLE	CD	XX Change ☐ Addition
NAME	KEESLER, ALLEN	3.2 NAME	KEESLER, ALAN	
STREET ADDRESS	3201 34TH ST SO	3.3 STREET ADDRESS	POST OFFICE BOX 14042 N/A	
CITY-ST-ZIP	ST PETERSBURG FL 33711	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33733	
TITLE	T	4.1 TITLE	VCD	XX Change ☐ Addition
NAME	O'HEARN, JOHN	4.2 NAME	WILBANKS, DAVID	
STREET ADDRESS	490-1ST AVE. SO.	4.3 STREET ADDRESS	100 2ND AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33731	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VF	5.1 TITLE	SD	XX Change ☐ Addition
NAME	HOUGHTON, BETH	5.2 NAME	GREGORY, THOMAS H.	
STREET ADDRESS	801 SIXTH STREET SOUTH	5.3 STREET ADDRESS	100 SECOND AVENUE SOUTH SUITE 606	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	6.1 TITLE	TD	XX Change ☐ Addition
NAME	HOUGH, WILLIAM R	6.2 NAME	O'HEARN, JOHN	
STREET ADDRESS	100 SECOND AVE., S., STE. 800	6.3 STREET ADDRESS	2764 69TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Dennis Sexton J. DENNIS SEXTON 4/20/95 (813) 898-7451*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — *Daytime Phone #

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ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title
D Carlisle, Steve 2085 Gulf-to-Bay Boulevard Clearwater, FL 34625	Director
D Culverhouse, Gay, Ed.D. 1002 Frankland Road Tampa, FL 33629	Director
D Hess, J. Bruce, M.D. 880 Sixth Street South, Suite 350 St. Petersburg, FL 33701	Director
D Hough, William R. 100 Second Avenue South, Suite 800 St. Petersburg, FL 33701	Director
D Jamerson, Doug 801 Sixth Street South St. Petersburg, FL 33701	Director
D Miller, Irwin N/A Post Office Box 46468 St. Petersburg Beach, FL 33741	Director
D Pacer, Thomas H. 100 South Ashley Drive, Suite 1000 Tampa, FL 33602	Director

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ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title
D Phillips, Maurice 1493 75th Circle N.E. St. Petersburg, FL 33702	Director
D Shuck, Robert 880 Carillon Parkway St. Petersburg, FL 33716	Director
D Spector, Sally 1801 Karleton Place South St. Petersburg, FL 33712	Director
D Zimmerman, James 905 East Jackson Street Tampa, FL 33602	Director