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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 708088

(0)

ALL CHILDREN'S HOSPITAL, INC.

Principal Place of Business Mailing Address						1 100111 10071 00101 10FF EDIEC 10101	ADDI OFOIL DIDEL DIRECTOR	4601  <b>  </b> 101	
801 6TH ST SO 801 6TH ST SO ST PETERSBURG FL 33701 ST PETERSBURG FL		33701							
						3. Date Incorporated or Qualified 11/10/1964	3a. Date of Last 04/27/		
_ `	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.						59-0683252		Not Applicable	
22		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		May Be ed to Fees	
Zip <b>24</b>	Country Zip		<u> </u>	Country 8. This corporation has liability for					
24 25 29 39 30 30 30 30 30 30 30 30 30 30 30 30 30			30		1	Florida Statutes  10. Name and Address of New Re	Yes WNo		
	5. 700.00 2.00 7.00 0.00 0.00 0.00 0.00	in registored Agent	,	10. Name and Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·			
SEXTON, J. DENNIS				81 Name					
801 SIXTH ST. SOUTH				32 Street	t Addres	s (P.O. Box Number is Not Acceptable	1		
ST PETERSBURG FL 33701			ļī	33					
			'	64 City			FL 85 Z	p Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accompliant with, and accept the obligations of, Section 617.0503, Florida Statutes.							non of observation its	egistered office Lagent: Lam	
SIGNATURE	, , , , , , , , , , , , , , , , , , ,	The state of the s	<del>-</del>						
	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	TE: Registerea A	gent signature	required wit		DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·		
TITLE	P OFFICE L OCABIE	DELETE	1.1 TITL				Change	Addition	
NAME	SEXTON, J. DENNIS		1 2 NAN						
STREET ADDRESS	801 SIXTH ST., S.		1.3 STR	EET ADDRESS					
CITY-ST-ZIP TITLE	ST PETERSBURG FL V	DELETE		(-ST-ZIP	<b>_</b>				
NAME	HOUGHTON, BETH A.	Doccent	21 TITE				☐ Change	☐ Addition	
STREET ADDRESS	801 SIXTH STREET SOUTH		2 2 NAN						
CITY-ST-ZIP	ST. PETERSBURG FL			EET ADORESS					
TITLE	CD CD	I Delete	2 4 CH 3 1 TITL	Y-ST-ZIP	<del> </del>		- Change	C Addition	
NAME	KEESLER, ALLEN	XX DELETE	3 2 NAM		CD		Change	Addition	
STREET ADDRESS	P.O. BOX 14042			EET ADDRESS		ve Carlisle			
CITY-ST-ZIP	ST PETERSBURG FL			Y - ST - ZIP	208	5 Gulf to Bay Blvd.			
TITLE	VCD	DELETE	4.1 TiTL		<del> Cle</del> ∂	<del>arwater, FI 34625 -</del>	<b>C</b> Change	☐ Add/tion	
NAME	WILBANKS, DAVID	_	4. 2 NA		CD		AA		
STREET ADDRESS	100 2ND AVE SOUTH		4 3 STR	EET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL			-ST-ZIP					
TITLE	SD	DELETE	5 1 TITL		<del> </del> -		☐ Change	Addition	
NAME	GEORGORY, THOMAS H.		5 2 NAM	1E					
STREET ADDRESS	100 SECOND AVE SOUTH S	SUITE 606	5 3 STR	EET ADORESS					
CITY-ST-ZIP	ST. PETERSBURG FL		5 4 CITY	- ST- ZIP					
TITLE	TD	DELETE	6 1 TITL				☐ Change	Addition	
NAME	O'HEARN, JOHN		6.2 NAM	ΙE					
STREET ADDRESS	2764 69TH AVE SOUTH		63 STR	ET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		64 CHTY	-S1-2IP					
14 I do hereb	v certify that the information supplied	with this files is valuatedly fura	iched and d	200 001 0	al.6. to-	he everyther stated in Cost : - 440.00	20.41 51 11 01 1		

4. 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)(k), 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:

SIGNATURE AND TYPED OR WHITED NAME OF SIGNING OFFICER OR DIRECTOR

BETH A HOUGHTON SENDE VICE

898-7451 Daytinus Phone #

## 1996 Corporate Annual Report 59-0683252

905 East Jackson Street Tampa, FL 33602

Name and Address	Title			
Curtis C. Brown, Jr. One Progress Plaza, Suite 1400 St. Petersburg, FL 33701	Director			
Jared Brown P.O. Box 509 Clearwater, FL 34617	Director			
Sam A. Davis, II 200 Central Avenue, 19th Floor St. Petersburg, FL 33701	Director			
J. Bruce Hess, M.D. 880 Sixth Street South, Suite 350 St. Petersburg, FL 33701	Director			
William R. Hough 100 Second Avenue South, Suite 800 St. Petersburg, FL 33701	Director			
Paul Mellini 100 South Ashley Drive, Suite 1000 Tampa, FL 33602	Director			
Irwin Miller Post Office Box 46468 St. Petersburg Beach, FL 33741	Director			
Frank Newman 8333 Bryan Dairy Road P.O. Box 4689 Clearwater, FL 34618	Director			
Maurice Phillips 1493 75th Circle N.E. St. Petersburg, FL 33702	Director			
Sally Poynter 1801 Karleton Place South St. Petersburg, FL 33712	Director			
Robert Shuck 880 Carillon Parkway St. Petersburg, FL 33716	Director			
Claudia Sokolowski 2310 Starkey Road Largo, FL 34641	Director			
James Zimmerman	Director			