FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 OCHMENT #

101

1, Corporation	VICINI # / UOUO(b (U)		
ALL CL	IILDREN'S HOSPITAL, INC			
ALL ON	ILUNEN O NOOPTIAL, INO	•		E TREATH FORDY ORDER CHANG CONTRACTOR ABOVE 1844 BIGHT BERNY
}		•		
Principal Place	e of Business	Mailing Address	······································	F INDIVIT CORES ERVEN CREST ROTTE CONTRACTOR REPORT BY ONLY BURST
801 6TH ST SO		801 6TH ST SO		
ST PETERSBURG FL 33701		ST PETERSBURG FL 3370	1-4816	
				3. Date incorporated or Qualified 3a. Date of Last Report
				11/10/1964 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	<u>,</u>	4. FEI Number Applied For
21		26		59-0683252 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		City & State		Fee Hequired
City & State	Ð	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
			81 Name	
SEXTON,	, J. Dennis		82 Street A	Address (P.O. Box Number is Not Acceptable)
	th St. South		. _	
ST PETE	RSBURG FL 33701	•	83	
1			84 City	85 Zip Code
44 0	the discount Continue 617 056	00 and C17 1500 Flavida Plate	400 100 0000	FL 88 2 P COOR
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized by the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig	gations of, Section 617.0503, F	lorida Statutes.	
SIGNATURE .	Signature, typed or printed name of registered ag	pent and title if applicable (NC	TE Registered Agent signature	required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Sexton, J. Dennis		12 NAME	
STREET ADDRESS	801 SIXTH ST., S.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP	
TITLE	V DOUGLEGOU BETH A	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME ATREST LODGES	HOUGHTON, BETH A. 801 SIXTH STREET SOUTH		2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL		2.9 STREET ADDRESS 2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	CD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CARLISLE, STEVE		3.2 NAME	
STREET ADDRESS	2085 GULF TO BAY BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TALE	Change Addition
NAME	WILBANKS, DAVID		4. 2 NAME	
STREET ADDRESS	100-2ND AVE DOUTH		43 STREET ADDRESS	P.O. Box 3642 N/A
CITY-ST-ZIP	ST PETERSBURG FL	T-1 x 2. 2-2	4.4 CITY+ST-ZIP	St. Petersburg, EL 33731
TITLE	SD STOROGRAM THOMAS H	☐ DELETE	5.1 TITLE	Change Addition
NAME	GEORGORY, THOMAS H.	LUTE CAC	5.2 NAME	
STREET ADDRESS	100 SECOND AVE SOUTH S ST. PETERSBURG FL	UITE OUD	5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TD	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	TD Change Cx Addition
NAME	O'HEARN, JOHN	**************************************	6.2 NAME	Davis, San A., II
STREET ADDRESS	2704 COTH AVE COUTH	•	6.3 STREET ADDRESS	200 Central Avenue

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report are 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 of 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.

FILED

May 19 1997 8:00am

Secretary of State

ALL CHILDREN'S HOSPITAL, INC. E.I.N. 59-0683252 Corporate Annual Report

St. Petersburg, FL 33712

Name and Address	Title	
Ed Ameen 1236 66th Street North St. Petersburg, FL 33710	Trustee	
Jared Brown P.O. Box 509 N/A Clearwater, FL 34617	Trustee	
Tim Godwin 5350 Tech Data Drive Clearwater, FL 34620	Trustee	
J. Bruce Hess, M.D. 880 Sixth Street South, Suite 350 St. Petersburg, FL 33701	Trustee	
John Higgins One Stadium Drive St. Petersburg, FL 33705	Trustee	
William R. Hough 100 Second Avenue South, Suite 800 St. Petersburg, FL 33701	` Trustee	
Tom Kuntz P.O. Box 3303 N/A Tampa, FL 33601-3303	Trustee	
Paul Mellini 100 South Ashley Drive, Suite 1000 Tampa, FL 33602	Trustee	
Frank Newman 8333 Bryan Dairy Road Clearwater, FL 34618	Trustee	
Sally Poynter 1801 Karleton Place South	Trustee	

ALL CHILDREN'S HOSPITAL, INC. E.I.N. 59-0683252 Corporate Annual Report

Name and Address	Title
Robert F. Shuck	Trustee
880 Carillon Parkway	!
St. Petersburg, FL 33718	
Claudia Sokolowski	Trustee
2310 Starkey Road	
Largo, FL 34641	1
Candy Tremmel	Trustee
9454 Laura Anne Drive	
Seminole, FL 33776	
James Zimmerman	Trustee
905 East Jackson Street	
Tampa, FL 33602	