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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708088

1. Corporation Name

ALL CHILDREN'S HOSPITAL, INC.

Principal Place of Business

801 6TH ST SO  
ST PETERSBURG FL 33701

Mailing Address

801 6TH ST SO  
ST PETERSBURG FL 33701



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/10/1964

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SEXTON, J. DENNIS

STREET ADDRESS 801 SIXTH ST., S.

CITY-ST-ZIP ST PETERSBURG FL

TITLE V ☒ DELETE

NAME PARSONS, MARIANNE R

STREET ADDRESS 801 SIXTH STREET SOUTH

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE CT ☐ DELETE

NAME CARLISLE, STEVE

STREET ADDRESS 3 HARBORSIDE DRIVE

CITY-ST-ZIP BELLEAIR FL 33756

TITLE CT ☐ DELETE

NAME NEWMAN, FRANK

STREET ADDRESS 8333 BRYAN DAIRY ROAD

CITY-ST-ZIP CLEARWATER FL 34618

TITLE ST ☐ DELETE

NAME SOKOLOWSKI, CLAUDIA

STREET ADDRESS 2310 STARKEY ROAD

CITY-ST-ZIP LARGO FL 34641

TITLE TT ☒ DELETE

NAME KUNTZ, TOM

STREET ADDRESS P O BOX 3303 N/A

CITY-ST-ZIP TAMPA FL 33601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33701

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V

William Nyman

801 Sixth Street South

St. Petersburg, FL 33701

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CTr

34 North Fort Harrison

Clearwater, FL 33755

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CTr

33758

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STr

33762

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TTr

Ed Ameen

2811 Sandpiper Place

Clearwater, FL 33762

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*William Nyman* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 892-8892

CR2E037 (1/98)

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

708088  
446971-9072-  
34

| <u>Name and Address</u>                                                             | <u>Title</u>   |
|-------------------------------------------------------------------------------------|----------------|
| <b>Jared Brown</b><br>P.O. Box 509      N/A<br>Clearwater, FL 33757-0509            | <b>Trustee</b> |
| <b>Sandra Diamond</b><br>7843 Seminole Blvd.<br>Seminole, FL 33772                  | <b>Trustee</b> |
| <b>Bruce Epstein, M.D.</b><br>9005 Baywood Park Drive<br>Seminole, FL 33777         | <b>Trustee</b> |
| <b>David Feaster</b><br>100 Second Avenue South<br>St. Petersburg, FL 33701-4307    | <b>Trustee</b> |
| <b>John Higgins</b><br>One Stadium Drive<br>St. Petersburg, FL 33705                | <b>Trustee</b> |
| <b>Darryl LeClair</b><br>One Progress Plaza, Suite 1500<br>St. Petersburg, FL 33701 | <b>Trustee</b> |
| <b>Paul Mellini</b><br>100 South Ashley Drive, Suite 1000<br>Tampa, FL 33602        | <b>Trustee</b> |
| <b>Brent Sembler</b><br>5858 Central Avenue<br>St. Petersburg, FL 33707             | <b>Trustee</b> |
| <b>Robert Shuck</b><br>880 Carillon Parkway<br>St. Petersburg, FL 33716             | <b>Trustee</b> |
| <b>Candy Tremmel</b><br>9454 Laura Anne Drive<br>Seminole, FL 33776                 | <b>Trustee</b> |