

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 AUG 15 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000095371**

1. Entity Name  
**COST MANAGEMENT PARTNERS, INC.**



Principal Place of Business  
**4211 WEST BAY SCOUR BLVD.  
STE 750  
TAMPA FL 33607**

Mailing Address  
**4211 WEST BAY SCOUR BLVD.  
STE 750  
TAMPA FL 33607**



2. Principal Place of Business  
**4211 W. BOY SCOUT Blvd**

3. Mailing Address  
**4211 W BOY SCOUT Blvd**

Suite, Apt. #, etc.  
**STE 750**

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33607**

Country  
**USA**

4. FEI Number **58-2154496**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DOTSON, PHILLIP E 700 W. MARKET ST. ATHENS AL 35611-0000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO STUBBLEFIELD, ALFRED G 1717 NORTH E STREET, STE. 320 PENSACOLA FL 32522-0000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO EDGE, JOHN 615 N. BONITA AVE. PANAMA CITY FL 32401-0000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO PIERCE, RANDOLPH J 800 MEADOWS RD BOCA RATON FL 33486-0000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HAHN, JAMES 1201 7TH STREET, S.E. DECATUR AL 35601-0000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IPCE BUTLER, VICTOR D 2105 E. SOUTH BLVD. MONTGOMERY AL 36116-0000</b>	<input type="checkbox"/> Delete

*See Attached*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800022358878 08/15/03--01073--004 **\$58.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See Attached*

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **8/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/time Phone #

CR2E034 (4/03)

## **CMP, Inc. Board of Directors**

Philip E. Dotson (D)  
Athens-Limestone Hospital  
700 W. Market Street  
Athens, AL 35611  
Telephone (256) 233-9118  
Fax (256) 233-9277

Steven M. Johnson (D)  
Bay Medical Center  
615 N. Bonita Ave.  
Panama City, FL 32401-0000  
Telephone (850) 747-6045  
Fax (850) 763-8827

Carl Bailey (D)  
Coffee Health Group  
205 Marengo Street  
Florence, AL 35631  
Telephone (256) 768-9414  
Fax (256) 768-9420

E. Chandler Bramlett (D)  
Infirmiry Health System, Inc.  
3 Mobile Infirmiry Circle  
Mobile, AL 36607  
Telephone (251) 435-5500  
Fax (251) 435-2060

Allen Fletcher (D)  
Northeast Alabama Regional Med. Ctr.  
400 East 10<sup>th</sup> Street  
Anniston, AL 36201  
Telephone (256) 235-5252  
Fax (256) 235-5608

Randall L. Hoover (D)  
Baptist Health  
P.O. Box 244001  
Montgomery, AL 36124-4001  
Telephone (334) 286-3192  
Fax (334) 286-5695

Charles A. Blasband (D)  
Citrus Memorial Hospital  
502 Highland Blvd.  
Inverness, FL 34452-0000  
Telephone (352) 344-6501  
Fax (352) 344-6565

Ron R. Rees (D)  
Halifax Fish Community Health  
1041 Dunlawton Avenue, Suite 250  
Port Orange, FL 32127-0000  
Telephone (386) 322-4771  
Fax (386) 322-4772

Jack T. Stephens (D)  
Lakeland Regional Medical Center  
1324 Lakeland Hills Boulevard  
Lakeland, FL 33805  
Telephone (863) 687-1295  
Fax (863) 687-1214

George Mikitarian (D)  
Parrish Medical Center  
951 North Washington Avenue  
Tinsville, FL 32796-0000  
Telephone (321) 268-6100  
Fax (321) 268-6231

Alfred G. Stubblefield (D)  
Baptist Health Care Corporation  
1717 North "E" Street, Suite 320  
Pensacola, FL 32522-7500  
Telephone (850) 469-7643  
Fax (850) 434-4841

Bryan Kindred (T/S)  
DCH Health System  
809 University Blvd. East  
Tuscaloosa, AL 35401  
Telephone (205) 759-7329  
Fax (205) 750-5204

Michael D. Means (C)  
Health First, Inc.  
8249 Devereux Drive  
Melbourne, FL 32940-7955  
Telephone (321) 434-5651  
Fax (321) 752-4624

Gary Gore (D)  
Marshall Health System  
8000 Alabama Hwy 69  
Guntersville, AL 35976  
Telephone (256) 753-8008  
Fax (256) 753-8016

Norman V. Stein (D)  
University Community Hospital, Inc.  
3100 East Fletcher Avenue  
Tampa, FL 33613  
Telephone (813) 615-7203  
Fax (813) 615-7580

William Hynson (D)  
Baptist Health System, Inc.  
P.O. Box 830605  
Birmingham, AL 35283-0605  
Telephone (205) 715-5319  
Fax (205) 715-5882

James Hahn (D)  
Decatur General Hospital  
1201 7<sup>th</sup> Street S.E.  
Decatur, AL 35601  
Telephone (256) 341-2152  
Fax (256) 341-2648

Joe Austin (D)  
Huntsville Hospital  
101 Sivley Road  
Huntsville, AL 35801  
Telephone (256) 517-8123  
Fax (256) 517-2834

Dyer T. Michell (D)  
Munroe Regional Medical Center  
131 S.W. 15<sup>th</sup> Street  
Ocala, FL 34471-0000  
Telephone (352) 351-7393  
Fax (352) 351-7336

P. Lee Lawrence (P)  
VHA Southeast  
4211 W Boy Scout Blvd, Suite 750  
Tampa, FL 33607  
Telephone (813) 350-8330  
Fax (813) 350-8383