## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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officer or director of the corporation Block 12 or Block 13 if changed, or

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000224 (5)

PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, I

Principal Place of Business Mailing Address SOUTH FLORIDA BAPTIST HOSPITALING. 301 N. ALEXANDER STREET P.O. DRAWER H PLANT CITY FL 33564

FILED May 15 1998 8:00am Secretary of State

3. Date Incorporated (	or Qualified		

PLANT CITY FL 33566					L	<u>U1/18/1994</u>										
US				į	<ol><li>FEI Number</li></ol>			A	pplied For							
					ſ	59-3239643	}		l N	ot Applicable						
2. Principal F	Principal Place of Business 2a. Mailing Address											\$8.75	Additional			
21	<b>-,</b> ` — — , ~ ~							<ol><li>Certificate of Status</li></ol>	s Desired		•	equired				
Suite, Apt. #, etc. Suite, Apt. #, etc.							# Charlies Compaies	Financina								
<b>─</b> ¬							6. Election Campaign	•	П	\$5.00						
22 27								Trust Fund Contrib			Added t					
City & Stal	te		$\vdash$	City & State	Ð		7. Is this nonprofit corporation a homeowners as						n?			
23	28						<u>_</u>	Yes [	No.							
Zip		Country	Zip Country				Į	8. This corporation owes or has paid the current year Intengible								
24	25 29 30								Personal Property Tax due June 30.  Yes No							
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent									,							
81 Name / 1 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 2 / 2																
ANDEDOON WHITIALI								WILLIAM G. WIDICIUMT								
	ANDERSON, WILLIAM H					<u>'</u>	82	Street Address (P.O. Box Number is Not Acceptable)  SOLO. ALEXANDER  S.								
		APTIST HOSPITAL,ING	<i>)</i> .			}-	63		26	D. ALL	KANUCE	<u> </u>	<u> 4.                                    </u>			
301 N. ACEANIDEN STREET					~							ł				
PLANT (	PLANT CITY FL 33566					84	City	$\Delta I$	10.1			RS Zin	Code			
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11. Pursuant	to the provis	idus of Sections 617.0502	and (	17.1508, Flo	rida Statute	s, the ab	ove-	-named	corpor	ation submits this stater	nent for the	purpose of	changing i	ts registered		
office or i	registered ag	idus of Sections 617.0502 els of both in the State th, and account the obliga	of Floo	da. Such cha	inge was a	uthorized	by 1	the corp	poration	's board of directors. I	hereby acce	ot the app	ointment as	registered		
agent. I a	ım ramıllar vi	to, who we could use onlige	nous c	Section 67	Labor 1-10	rida Stati	Jtes.				,	11.1	100	ł		
SIGNATURE		mos 1	<u>۷ /</u>	$\mathcal{N}\mathcal{N}$	VIAN							H11	90	l		
	Signature, typed	or printed name of registered ager			(NOTE		Ареп	i egnature	required	when reinstating)		DATE!	DIDECTOR			
12.	<del></del>	OFFICERS AND	DIRE			13.				ADDITIONS/CHANG	ES TO OFFIC	CERS AND				
TITLE	D			ال	DELETE	1.1 T)T(	LE	i					Change	Addition (		
NAME	BASKIN,	Robert N MD				1.2 NAJ	ME							ĺ		
STREET ADDRESS	AND AND PROPERTY OF THE PROPER			1.3 STR	EET A	LOORESS						J.				
CITY-ST-ZIP	DE LATE OFFICE ALCOHOL				1.4 CIT		t						):			
TITLE	10	711116 00000		<del></del>	DELETE			-Zir	<del></del>				Change	Addition		
	,	1/4 <b>*</b> (1 <b>F</b> 0)41F 14D	*		1	2.1 TITLE						CT CHRINGS	L Addition			
NAME				2.2 NAJ		[						ļ				
STREET ADDRESS	1351 OAKFIELD DR 23			2.3 STR	REET A	ADDRESS										
CITY-ST-ZIP	BRANDON FL 2.4				2.4 CIT	Y-ST	r-zip									
TITLE	D	DELETE 3.				3.1 T/TL	E		L] Cha					Addition		
NAME	RITTER	BUTLER, STEPHEN M MD				3.2 NA	UNF	1						ì		
STREET ADDRESS						ODAESS						1				
	By Abry Office Co. annual												}			
CITY-ST-ZYP		XITY FL 33567				3.4. CIT		- ZIP					77.2			
TITLE	D			L <b>M</b>	DELETE	4.1 TITE	Æ	J	Ŋ	JAmes	m C	1	Change	☐ Addition		
NAME	HEHN, J	OHN				4. 2 NA	ME	Į	DR	ENT AMEN	11111	1.		Į		
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CITY-ST-ZIP		OTY FL 33566				4.4 CIT	V-ST-		$\varphi$	FSAAC MA	F/	335	66	1		
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NAME		ON, WILLIAM				5.2 NAN		ļ	3	ol N. Ale	x AND E	RSY.		ł		
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TITLE	D				DELETÉ	6.1 TITL	E	7					Change	Addition		
NAME	ULBRICH	ft, william				6.2 NAN	Æ							ľ		
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1						•		ŀ						{		
CITY-ST-ZIP		NTY FL 33564	L ale ' · ·	Diam di	F 172 - 7	6.4 CIT			J 14 A	W-1440 67/00/0 Ft 7	- Otal : - :	f all	11£ . 4b . 1 4b	Indoor St		
indicated	14. Thereby 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															
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 repeivar of trystae empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in																