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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000000224

1. Corporation Name

**PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, I
NC.**

Principal Place of Business

**SOUTH FLORIDA BAPTIST HOSPITAL, INC.
301 N. ALEXANDER STREET
PLANT CITY FL 33566
US**

Mailing Address

**P.O. DRAWER H
PLANT CITY FL 33564**



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

01/18/1994

4. FEI Number

59-3239643

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

**ULBRICHT, W G
SOUTH FLORIDA BAPTIST HOSPITAL, INC.
301 N. ALEXANDER STREET
PLANT CITY FL 33566**

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

2/19/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BASKIN, ROBERT N MD**
STREET ADDRESS **101 SOUTHERN OAK DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **TD** ☐ DELETE
NAME **KEPES, KATHERINE MD**
STREET ADDRESS **1351 OAKFIELD DR**
CITY-ST-ZIP **BRANDON FL**

TITLE **D** ☐ DELETE
NAME **BUTLER, STEPHEN M MD**
STREET ADDRESS **1703 PALMETTO AVE.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☐ DELETE
NAME **BRENT, A**
STREET ADDRESS **301 N. ALEXANDER ST.**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☒ DELETE
NAME **MALLAH, I**
STREET ADDRESS **301 N ALEXANDER ST**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ DELETE
NAME **ULBRICHT, WILLIAM**
STREET ADDRESS **P.O. DRAWER H (N/A)**
CITY-ST-ZIP **PLANT CITY FL 33564**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Amey, Brent MD**
1.3 STREET ADDRESS **301 N. Alexander St.**
1.4 CITY-ST-ZIP **Plant City, Fl. 33566**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Charles Bartholmey, MD**
2.3 STREET ADDRESS **301 N. Alexander St.**
2.4 CITY-ST-ZIP **Plant City, Fl. 33566**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **Christopher Berchelmann MD**
3.3 STREET ADDRESS **301 N. Alexander St.**
3.4 CITY-ST-ZIP **Plant City, Fl. 33566**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **George Thall**
4.3 STREET ADDRESS **301 N. Alexander St.**
4.4 CITY-ST-ZIP **Plant City, Fl. 33566**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 813/757/205

Date

Daytime Phone #

CR2E037- (11/98)