

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90087 041 ****61.25

DOCUMENT # **N94000000224**

1. Entity Name

PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business South Florida Baptist Suite, Apt. #, etc. Hospital 301 N. Alexander Street City & State Plant City, FL Zip 33566		3. Mailing Address Attn: W. G. Ulbricht Suite, Apt. #, etc. 301 N. Alexander Street City & State Plant City, FL Zip 33566	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 593239643	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name W. G. Ulbricht	
Street Address (P.O. Box Number is Not Acceptable) South Florida Baptist Hospital	
301 N. Alexander Street	
City Plant City	FL Zip Code 33566

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Vaaler, Mark, M.D. 3001 W. Dr. Martin Luther King, Tampa, FL 33607 Jr. Blvd.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ford, Mark, D.O. 507 W. Alexander Street Plant City, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Butler, Stephen M., M.D. 1703 Palmetto Avenue Plant City, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kerr, Karen, R.N. 301 N. Alexander Street Plant City, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Ulbricht, William 301 N. Alexander Street Plant City, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bartholmey, Charles, M.D. 1910 W. Reynolds Street Plant City, FL 33567

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IN THIS SPACE**

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 reports 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Ulbricht

Date

Daytime Phone #

CR2E037B (12/01)

ATTACH. # 1094000000224/
651359

PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.
2002 UNIFORM BUSINESS REPORT
ADDITIONAL DIRECTORS

(D)

DeRito, Francis A., M.D.
303 North Plant Avenue, Ste. 2
Plant City, FL 33566