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

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

DOCU 1. Entity Nan	MENT # N 9 4 0 0	05-08-2002 90087 041 ****61.25					
PHYSIC	IANS' HEALTH NETWORK	OF CENTRAL FL	ORIDA, INC.				
Semioracjavy							
l programa	DO NOT WRITE	IN THIS SI	DACE				
		MINISHUUMU! Imperium ikka					
Principal Place of Business Courth File and the Business 3. Mailing Address			<u>\$</u>				
		Attn: W. G. Suite, Apt. #, etc.	Ulbricht.	50.4071	IDITE IN THE CO.		
laa - 1		,	301 N. Alexander Street		DO NOT WRITE IN THIS SPACE		
City & State Plant City, FL		City & State		4. FEI Number		Applied For	
Zip	Country	Plant City, F	Country	593239643	eo-	Not Applicable	
33566	USA	33566	USA	5. Certificate of Status Desire		75 Additional Required	
	rock belas period and best beauting of the Anton Proposition Administration proposition of the College		MAN ENGL	7. Name and Address of Curi	ent Registered Age	nt	
Name W. G. Ulbricht							
DO NOTAVRITE Street Address (P.O. Box Number is Not Acceptable) South Florida Baptist Hospital							
	IN THIS SP	ACE	C. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		SOPILAT		
The state of the s							
or or or standard			Plant C			33566	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the state o	Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a	ndutte if applicable (NOTE	E: Registered Agent signature require	ort whom reinstation)	DATE		
				- Inches	5/11.	shannir Sinir deimiostika oli illio	
	FEE IS \$61.25	9. Election Car	npaign Financing	\$5.00 May Be	Make Check Pa	yable to	
	Initial or Amended UBR	Trust Fund C	Contribution.	Added to Fees	Department of		
10.	OFFICERS AND DIR	FCTORS	Salakan men mirran antongan mening	ar de la companya de La companya de la co	OE Veril Pour le géne 5 Tempe une des labores des des des	erical de la la de la	
TITLE	D		TITLE	republica estra esta esta esta esta esta esta esta est	Gradina de propieto de la como de La como de la como dela como de la como de	5	
NAME	Vaaler, Mark, M.D.		NAME OF THE PROPERTY OF THE PR				
STREET ADDRESS CITY-ST-ZIP	3001 W. Dr. Martin Tampa, FL 33607	Luther King, Jr. Blvd.	CITY ST-ZIP		generation de la Company d	TO PERSON E	
TIFLE	D	or, bryd.				CRZE037B (12/01	
NAME	Ford, Mark, D.O.	NAME	Michigan (1995)				
STREET ADDRESS			STREET ADDRESS		an gerandene ligae di Keliga del Salde Silde kaj	ne etgan en la cara de la como de La como de la como de	
CITY-ST-ZIP	Plant City, FL 335	66	CITY ST ZIP	Proposition in the Company of the Co	er by Light Grade Life in M married actorist to the Life Co	intorbuchtgebülderein Kenner hebber Kreineren	
TITLE NAME	Butler, Stephen M., M.D.		FITLE NAME NAME	The Control of the co			
STREET ADDRESS	ss 1703 Palmetto Avenue		STREET ADDRESS				
CITY-ST-ZIP	Plant City, FL 33567		CITY-ST-ZIP	DO NOT WRITE			
TITLE	D		inu i de la color	IN THIS	"CDACE	Nijurahan.	
NAME STREET ADDRESS	Kerr, Karen, R.N. 301 N. Alexander St	NAME: STREET ADORESS			rangen (Sengantakan belang) KSAL IST MENGENERALA		
CITY-ST-ZIP	Plant City, FL 335	CITY-ST-ZIP			and the state of t		
TITLE	STD		ULTE CONTRACTOR OF THE PARTY OF		újá xiftákritáltví a N		
NAME Ulbricht, William			NAME	rozmaniam keren direktig situalia Lipur eta eta eta eta eta eta eta eta			
STREET ADDRESS GITY-ST-ZIP Plant City, FL 33566		STRECT ADDRESS W		sanco escar al partido Esta de la companio			
TITLE	D		CHYASIANA S				
NAME	Bartholmey, Charles	, M.D.	NAME SPOT TO THE SAME SPOT OF	ngarkerya saya mayaya Kariba da saliki Mayaya da kariba sayaya saya da sa			
STREET ADDRESS	1910 W. Reynolds St.	reet	STREET ADDRESS	şeri Nurtî ili dahiya biştirder Spredici biştirib. Birtisi birtişi birtisi ili dendek birtisi birtisi birtisi birtisi birtisi birtisi birtisi birtisi birtisi bir	ig January (1969) (1969) William (1969)	otarne preparatione. Particologista	
CITY-ST-ZiP	ILLAND GLEV. MI. 1171	n /	City-St.7ip		responsibility of the control of the	300 00 180 FEED BESCHAAR H	

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 upont's vue 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 the see explowered 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 their fike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ₹

ATTACH. # 10940000000224/651359

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