

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90226 048 \*\*\*61.25

**DOCUMENT # N94000000224**

1. Entity Name  
**PHYSICIANS' HEALTH NETWORK OF CENTRAL  
FLORIDA, INC.**



Principal Place of Business  
**SOUTH FLORIDA BAPTIST HOSPITAL  
301 N. ALEXANDER STREET  
PLANT CITY, FL 33566 US**

Mailing Address  
**ATTN: W.G. ULBRICHT  
301 N. ALEXANDER STREET  
PLANT CITY, FL 33566**

**94074233**



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3239643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ULBRICHT, W G  
SOUTH FLORIDA BAPTIST HOSPITAL  
301 N. ALEXANDER STREET  
PLANT CITY, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	D VAALER, MARK MD 3001 W. DR. MARTIN LUTHER KING JR BLVD TAMPA, FL 33607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, MARK DO 507 W ALEXANDER ST PLANT CITY, FL 33566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, STEPHEN M MD 1703 PALMETTO AVE PLANT CITY, FL 33567
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, KAREN RN 301 N ALEXANDER ST PLANT CITY, FL 33566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHOLMEY, CHARLES MD 1910 W REYNOLDS ST PLANT CITY, FL 33567
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ULBRICHT, WILLIAM 301 N ALEXANDER ST PLANT CITY, FL 33566
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**DO NOT WRITE  
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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W.G. Ulbricht**

Date

Daytime Phone #

**4/28/04**

**813-759-9205**

*Attachment*

*#N 9400000224*

**PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.  
2004 UNIFORM BUSINESS REPORT  
ADDITIONAL DIRECTORS**

(D)

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

*Attachment*

**PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.  
2004 UNIFORM BUSINESS REPORT  
ADDITIONAL DIRECTORS**

(D)

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