

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90391 019 ****61.25

14012632



04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3239643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33563

Country

Zip
33563

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33563

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VAALER, MARK MD
3001 W. DR. MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DERITO, FRANCIS, M.D.
303 NORTH PLANT AVENUE, SUITE 2
PLANT CITY, FL 33563**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORD, MARK DO
507 W ALEXANDER ST
PLANT CITY, FL 33566**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☒ Change
Plant City, FL 33563**

☒ Change

☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☒ Change
Plant City, FL 33563**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KERR, KAREN RN
301 N ALEXANDER ST
PLANT CITY, FL 33566**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☒ Change
Plant City, FL 33563**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARTHOLMEY, CHARLES MD
1910 W REYNOLDS ST
PLANT CITY, FL 33567**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☐ Change
☐ Addition**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ULBRICHT, WILLIAM
301 N ALEXANDER ST
PLANT CITY, FL 33566**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**☒ Change
Plant City, FL 33563**

☒ Change

☐ Addition

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 **William G. Ulbricht**

Daytime Phone #

4/23/05

813-757-1295