**FILED**
**Apr 28, 2006 08:00 AM**
**Secretary of State**

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000224

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

| Principal Place of Business | Mailing Address |
|---|---|
| SOUTH FLORIDA BAPTIST HOSPITAL<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33566 US | ATTN: W.G. ULBRICHT<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33566 |

04112006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3239643 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ULBRICHT, W G<br>SOUTH FLORIDA BAPTIST HOSPITAL<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33566 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

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<br>VAALER, MARK MD<br>3001 W. DR. MARTIN LUTHER KING JR BLVD<br>TAMPA, FL 33607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | U00000540449 ☐ Change ☐ Addition<br>05/10/06-80017-018 61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FORD, MARK DO<br>507 W ALEXANDER ST<br>PLANT CITY, FL 33563 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BUTLER, STEPHEN M MD<br>1703 PALMETTO AVE<br>PLANT CITY, FL 33563 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KERR, KAREN RN<br>301 N ALEXANDER ST<br>PLANT CITY, FL 33563 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DERITO, FRANCIS<br>303 NORTH PLANT AVE, STE 2<br>PLANT CITY, FL 33563 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>ULBRICHT, WILLIAM<br>301 N ALEXANDER ST<br>PLANT CITY, FL 33563 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ 4/25/06 (813) 757-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #