

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 10 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*[Signature]*



03282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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.

500103024585  
05/22/07--01035--007 \*\*2207.50

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D  
NAME FORD, MARK DO  
STREET ADDRESS 507 W ALEXANDER ST  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE PD  
NAME BUTLER, STEPHEN M MD  
STREET ADDRESS 1703 PALMETTO AVE  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D  
NAME KERR, KAREN RN  
STREET ADDRESS 301 N ALEXANDER ST  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D  
NAME DERITO, FRANCIS  
STREET ADDRESS 303 NORTH PLANT AVE, STE 2  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE STD  
NAME ULBRICHT, WILLIAM  
STREET ADDRESS 301 N ALEXANDER ST  
CITY-ST-ZIP PLANT CITY, FL 33563

**DO NOT WRITE  
IN THIS SPACE**

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 information.

SIGNATURE: *[Signature]* 4/17/07 (813) 757-1205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #