

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 044 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box # SOUTH FLORIDA BAPTIST HOSPITAL		3. Mailing Address ATTN: STEPHEN NIERMAN			
Suite, Apt. #, etc. 301 N. ALEXANDER STREET		Suite, Apt. #, etc. 301 N. ALEXANDER STREET			
City & State PLANT CITY, FL		City & State PLANT CITY, FL			
Zip 33563	Country US	Zip 33563	Country US	4. FEI Number 59-3239643	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ULBRICHT, W G SOUTH FLORIDA BAPTIST HOSPITAL 301 N. ALEXANDER STREET PLANT CITY, FL 33566			7. Name and Address of Now Registered Agent Name NIERMAN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) SOUTH FLORIDA BAPTIST HOSPITAL 301 N. ALEXANDER STREET City PLANT 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			DATE <u>4/21/08</u>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORD, MARK DO 507 W ALEXANDER ST PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUTLER, STEPHEN M MD 1703 PALMETTO AVE PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERR, KAREN RN 301 N ALEXANDER ST PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DERITO, FRANCIS 303 NORTH PLANT AVE, STE 2 PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ULBRICHT, WILLIAM 301 N ALEXANDER ST PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NIERMAN, STEPHEN 301 N ALEXANDER ST PLANT CITY, FL 33563	
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:			DATE <u>4/21/08</u> (813) 759-1205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					