

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000224

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

SOUTH FLORIDA BAPTIST HOSPITAL  
301 N. ALEXANDER STREET  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: STEPHEN NIERMAN  
301 N. ALEXANDER STREET  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 59-3239643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIERMAN, STEPHEN  
SOUTH FLORIDA BAPTIST HOSPITAL  
301 N. ALEXANDER STREET  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VAALER, MARK MD  
Address: 3001 W. DR. MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete  
Name: FORD, MARK DO  
Address: 507 W ALEXANDER ST  
City-St-Zip: PLANT CITY, FL 33563

Title: PD ( ) Delete  
Name: BUTLER, STEPHEN M MD  
Address: 1703 PALMETTO AVE  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: KERR, KAREN RN  
Address: 301 N ALEXANDER ST  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: DERITO, FRANCIS  
Address: 303 NORTH PLANT AVE, STE 2  
City-St-Zip: PLANT CITY, FL 33563

Title: STD ( ) Delete  
Name: NIERMAN, STEPHEN  
Address: 301 N. ALEXANDER ST  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE D. LAMB, GENERAL COUNSEL

GC

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date