2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CATHY YODER CFO 04/17/2012
Electronic Signature of Signing Officer or Director Date