

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90988 044 \*\*\*\*\*61.25

**DOCUMENT # N94000000224**

1. Entity Name

**PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, I  
NC.**



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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **D** ☐ Delete  
NAME **VALLER, MARK MD**  
STREET ADDRESS **3001 W. DR. MARTIN LUTHER KING JR BLVD**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FORD, MARK DO**  
STREET ADDRESS **507 W ALEXANDER ST**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **BUTLER, STEPHEN M MD**  
STREET ADDRESS **1703 PALMETTO AVE**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KERR, KAREN RN**  
STREET ADDRESS **301 N ALEXANDER ST**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BARTHOLMEY, CHARLES MD**  
STREET ADDRESS **1910 W REYNOLDS ST**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **ULBRICHT, WILLIAM**  
STREET ADDRESS **301 N ALEXANDER ST**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED, William G. Ulbricht, April 24, 2003**

CR2E037 (10/02)

Attachment N94000000224/11022407

**PHYSICIANS' HEALTH NETWORK OF CENTRAL FLORIDA, INC.  
2003 UNIFORM BUSINESS REPORT  
ADDITIONAL DIRECTORS**

(D)

DeRito, Francis A., M.D.

303 North Plant Avenue, Ste. 2

Plant City, FL 33566