FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004375 (1)

1. Corporation Name

ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
801 6TH ST. SOUTH ST. PETERSBURG FL 33701	801 6TH ST. SOUTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3286493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOUGHTON, BETH A
801 6TH ST. SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	T ☐ Change ☒ Addition
NAME		12 NAME	HOUGHTON, BETH A.
STREET ADDRESS		13 STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP		14 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE		21 TITLE	C ☐ Change ☒ Addition
NAME		22 NAME	SALTIEL, ALBERT, M.D.
STREET ADDRESS		23 STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP		24 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	MOMBERG, JOEL
STREET ADDRESS		33 STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP		34 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE		41 TITLE	S ☐ Change ☒ Addition
NAME		42 NAME	SIVER, ROBERT I.
STREET ADDRESS		43 STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP		44 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	ELINGER, JOHN, M.D.
STREET ADDRESS		53 STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP		54 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	KROPP, ROBERT, M.D.
STREET ADDRESS		63 STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP		64 CITY-ST-ZIP	ST. PETERSBURG, FL 33701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth A. Houghton BETH A. HOUGHTON 4/28/95 (813) 898-7451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001447

N94000004375

ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC.
E.I. # 59-3286493
ANNUAL REPORT

ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title
D **Reisman, E. Michael, M.D.** 801 6th Street South St. Petersburg, FL 33701	**Director**
D **Bain, Russell T., M.D.** 7530 Congress Street New Port Richey, FL 34653	**Director**
D **Dawber, Nancy H., M.D.** 901 North Hercules Avenue Suite A Clearwater, FL 34625	**Director**
D **Weiss, Robert, M.D.** 1851 Arlington Street Suite 208 Sarasota, FL 34239	**Director**
D **Yonker, Phyllis G., M.D.** 1700 South Osprey Avenue Sarasota, FL 34239	**Director**