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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

T

NAME

HOUGHTON, BETH A

STREET ADDRESS

801 SIXTH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

C

NAME

SALTIEL, ALBERT M

STREET ADDRESS

801 SIXTH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

NAME

MOMBERG, JOEL

STREET ADDRESS

801 SIXTH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

S

NAME

SIVER, ROBERT I

STREET ADDRESS

801 SIXTH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

NAME

ELINGER, JOHN M

STREET ADDRESS

801 SIXTH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

D

NAME

KROPP, ROBERT M

STREET ADDRESS

801 SIXTH STREET SOUTH

CITY - ST - ZIP

ST. PETERSBURG FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

D

CD

SD

D

**Reisman, E. Michael M.D.
801 Sixth Street South
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETH A HOUGHTON SEALING VICE PRESIDENT

4/25/96

Date

898-7451

Daytime Phone #

CR2E037 (12/95)

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

ADDITIONAL OFFICERS & DIRECTORS

<u>Name and Address</u>	<u>Title</u>
D Giroud, Jorge, M.D. 801 6th Street South St. Petersburg, FL 33701	Director
D Bain, Russell T., M.D. 5132 U.S. Highway 19 North New Port Richey, FL 34652-3942	Director
D French, Deborah A., M.D. 1305 South Fort Harrison Avenue Suite F Clearwater, FL 34616	Director
D Johnson, W. Stephen, M.D. 1230 South Myrtle Avenue Suite 204 Clearwater, FL 34616	Director
D Winkler, Ann R., M.D. 2855 Fifth Avenue North St. Petersburg, FL 33713	Director