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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33701-4816



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
05/01/1996

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

TITLE T
NAME HOUGHTON, BETH A
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~0~~
NAME SALTIEL, ALBERT M
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~0~~
NAME MOMBERG, JOEL
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~0~~
NAME SIVER, ROBERT I
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~0~~
NAME ELINGER, JOHN M
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME REISMAN, E. MICHAEL MD
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE CD
3.2 NAME Winkler, Ann R., M.D.
3.3 STREET ADDRESS 2855 Fifth Avenue North
3.4 CITY-ST-ZIP St. Petersburg, FL 33713

4.1 TITLE SD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 SR VLP

4/30/97

Date

898-7451

Daytime Phone # 0049819

CP2E037 (9/96)

**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 Kratz, Jalme, M.D. 6450 38th Avenue North St. Petersburg, FL 33710 | Director |
| D Harvey, Jay, 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 Yonker, Phyllis G., M.D. 1700 South Osprey Avenue Sarasota, FL 34239 | Director |
| D Hutto, Jack, M.D. 801 Sixth Street South St. Petersburg, FL 33701 | Director |