FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004375 (1)

All Children's Physician Hospital Organization

FILED May 26 1998 8:00am Secretary of State

			- D					1
Principal Place of Business Mailing Address					111			
801 SIXTH STREET SOUTH 801 SIXTH STREET SOUTH				,	3. Date Incorporated or Qualified 09/07/1994	· · · · · · · · · · · · · · · · · · ·		
ST. PTERSBURG FL 33701 ST. PTERSBURG FL 33701				ŀ	4. FEI Number		Δr	oplied For
					59-3286493			ot Applicable
2. Principal Pi	ace of Business	2a. Mailing Address				\$ 8		Additional
21		26			5. Certificate of Status Desired			equired
Sulte, Apt. #, etc.					6. Election Campaign Financing		5.00 r	Мау Ве
City & State		City # State	City & State		Trust Fund Contribution Added to Fees			
23		 	28		7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	Country		8. This corporation owes or has p	· · · · · · · · · · · · · · · · · · ·		loogible.
24	25	29 30	´		Personal Property Tax due Juni			angible No
		f Current Registered Agent	<u> </u>		10. Name and Address of New R			_ ,,,,
			B1 Na	ame	D3.1 W			
Hough	ton. Beth A.		R. Donald Mastry, Esquire 82 Street Address (P.O. Box Number is Not Acceptable)					
801 SIXT	H STREET SOUTH				olland & Knight	Diej		
ST. PETERSBURG FL 33701					ne Prog <u>ress Plaza,</u>	Sulte 160	<u></u>	
			84 Ci				Ziat (Code
			1 1	· /S1	. Petersburg	FL I	33.	7714
11. Pursuant t	to the provisions of Sections	617.0502 and 617.1508, Florida Statutes, he State of Florida. Such change was aut he obligations of, Section 617.0503, Florid	, the above-na	med corpor	ation submits this statement for the	purpose of char	nging it	s registered
agent, I ar	n lamiliar with, and accept the	ne obligations of, Section 617.0503, Floric	da Statutes.	corporation	1 s board of alrectors Anreby acce	b) the appoint	eni as	registered
SIGNATURE	J. Dona	ast.	\			13733420	78	
	Signature, typed or printed name of reg			neture required	when reinstalie 序集 1、2つ	DATE		
12.	OFFICI	ERS AND DIRECTORS	13.	1 (1)	ADDITIONS/CHANGES TO OFFI			
TITLE		DELETE	1.1 TITLE	1	ert I, Siver	ه ت	Change	Addition
NAME		l	1.2 NAME	100	Sixth Street Sout	h		
STREET ADDRESS		ļ	1.3 STREET ADDR		Petersburg, FL 33			
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	SD	receisburg, rh 33		Change	X Addition
NAME			2.2 NAME		ert Saltiel, M.D.		niango	CA Addition
STREET ADDRESS		ļ	2.3 STREET ADDR		Sixth Street South	h		
CITY-ST-ZIP		!	2.4 CITY-ST-ZIF		Petersburg, FL 33			
TITLE		DELETE	3.1 TITLE	D	receispuig, Fr 55		Change	Addition
NAME		1	3.2 NAME		nn Elinger, M.D.		•	-
STREET ADDRESS		1	3.3 STREET ADDR	RESS 801	Sixth Street South	a		
CITY-ST-ZIP	-		3.4. CITY - ST - ZIF	P St.	Petersburg, FL 33	701		
TITLE		☐ DELETE	4.1 TITLE	D			Change	Addition .
NAME			4.2 NAME		Michael Reisman, M			
STREET ADDRESS		1	4.3 STREET ADDR		Sixth Street South			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Petersburg, FL 33	70 1		
TITLE		☐ DELETE	5.1 TITLE	D.			Change	Addition -
NAME		,	5.2 NAME		ge Girould, M.D.			
STREET ADDRESS		,	5.3 STREET ADDR		Sixth Street South			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Petersburg, FL 33	701		
TITLE		DELETE	6.1 TITLE	D		C	hange	Addilion
NAME .		1	6.2 NAME		Harvey, M.D.	_		NIX
STREET ADDRESS			6.3 STREET ADDR		32 US Highway 19 No			1. C/A
CITY-ST-ZIP	austinistical straightforward	and a district and a second se	6.4 CITY - ST - ZIP	Ne	w Port Richey, FL 3	4652-3942	<u> </u>	1,1
indicated of	errify that the information support his annual report or supporting of the corporation of	oplied with this filing does not qualify for t elemental annual report is true and accura Apo receiver or trustee empowered to exe	ne exemption a ate and that my	stated in Se y signature	ection 119.07(3)(i), Florida Statules, shall have the same legal effect as and by Chapter 617. Florida Statutes	I turther certify the made under o	nai the aih; the	Information at I am an
Block 12 o	or Block 13 if changed, or 20.	no receiver or trustee empowered to exe on attachment with an address.	score inis repo	as require	o by Chapter 617, Florida Statutes;	and that my ha	me app	Dears in
	THE STATE OF THE S	i			/	_ \		

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



ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title		
D			
Deborah A. French, M.D.	Director		
1305 South Fort Harrison Avenue			
Suite F			
Clearwater, FL 34616			
D			
Ann R. Winkler, M.D.	Director		
2855 Fifth Avenue North			
St. Petersburg, FL 33713			
D			
Phyllis G. Yonker, M.D.	Director		
1700 South Osprey Avenue			
Sarasota, FL 34239			
D			
Jack Hutto, M.D.	Director		
801 Sixth Street South			
St. Petersburg, FL 33701			