

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004375

1. Entity Name

ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION,

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90291 008 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3286493

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

MASTRY N, DONALD R ESQ
HOLLAND & KNIGHT
ONE PROGRESS PLAZA SUITE 1600
ST. PETERSBURG FL 33701

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DST ☐ Delete
NAME ROBERT I SIVER
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE CD ☐ Delete
NAME ALBERT SALTIEL, M.D.
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete
NAME CARNES, GARY
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete
NAME E. MICHAEL REISMAN, M.D.
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete
NAME HUTTO, JACK MD
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete
NAME JAY HARVEY, M.D.
STREET ADDRESS 801 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(727) 898-7451

Date

Daytime Phone #

CR2E037 (9/99)

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

Attachment
NA4000004375-
955382

ADDITIONAL OFFICERS & DIRECTORS

| <u>Name and Address</u> | <u>Title</u> |
|---|-----------------|
| D Jorge Giroud 801 Sixth Street South St. Petersburg, FL 33701 | Director |
| D Dien Vu 801 Sixth Street South St. Petersburg, FL 33701 | Director |
| D Ann Winkler 2855 Fifth Avenue North St. Petersburg, FL 33713 | Director |
| D Phyllis Yonker 1700 South Osprey Avenue Sarasota, FL 34239 | Director |