

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004375

1. Entity Name

ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION,

Principal Place of Business

801 6TH ST. SOUTH
ST. PETERSBURG FL 33701

Mailing Address

801 6TH ST. SOUTH
ST. PETERSBURG FL 33701

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

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

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

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

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

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

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

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

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

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

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

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

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert I. Siver 4/27/01

Date

(727) 892-4401

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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

Attachments 970555

ADDITIONAL OFFICERS & DIRECTORS

N9400000 2/37

<u>Name and Address</u>	<u>Title</u>
D Thomas Edwards, M.D. 801 Sixth Street South, Box 7560 St. Petersburg, FL 33701	Director
D Douglas Hasell, M.D. Pediatric Specialists Medical Group 2114 Seven Springs Blvd., #250 New Port Richey, FL 34655	Director
D Karen Kelly, M.D. 1230 S. Myrtle Ave., Suite 205 Clearwater, FL 33756	Director
D Dien Vu, M.D. 801 Sixth Street South St. Petersburg, FL 33701	Director
D Ann Winkler, M.D. 2855 Fifth Avenue North St. Petersburg, FL 33713	Director
D Phyllis Yonker, M.D. 1700 South Osprey Avenue Sarasota, FL 34239	Director