

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90012 024 ****61.25

DOCUMENT # N94000004375

1. Entity 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**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALBERT SALTIEL, M.D. 801 6TH STREET SOUTH ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNES, GARY 801 6TH STREET SOUTH ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E. MICHAEL REISMAN, M.D. 801 6TH STREET SOUTH ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTO, JACK MD 801 6TH STREET SOUTH ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, THOMAS MD 801 6TH ST SO. BOX 7560 ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Robert I. Siver 801 Sixth Street South St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Albert Saltiel, M.D. 801 Sixth Street South St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Agoris, M.D. 801 Sixth Street South St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Robert I. Siver

4/29/02

(727) 892-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

ATTACHMENT
ALL CHILDREN'S PHYSICIAN HOSPITAL
ORGANIZATION, INC.
E.I. # 59-3286493 / 651946
2002 UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS & DIRECTORS

<u>Name and Address</u>	<u>Title</u>
D Douglas Hasell, M.D. Pediatric Specialists Medical Group 2114 Seven Springs Blvd., #250 New Port Richey, FL 34655	Director
D Jorge McCormack, M.D. 801 Sixth Street South, Box 7560 St. Petersburg, FL 33701	Director
D Dien Vu, M.D. 801 Sixth Street South St. Petersburg, FL 33701	Director
D Elizabeth Yakubu, M.D. 801 Sixth Street South St. Petersburg, FL 33701	Director
D Phyllis Yonker, M.D. 1700 South Osprey Avenue Sarasota, FL 34239	Director