

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90331 027 ***150.00

DOCUMENT # N94000004375

1. Entity Name
**ALL CHILDREN'S PHYSICIAN HOSPITAL
ORGANIZATION, INC.**



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.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3286493

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☒ Delete
NAME **WRAY, CHUCK**
STREET ADDRESS **801 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **CD** ☐ Delete
NAME **WRAY, CHUCK**
STREET ADDRESS **801 SIXTH ST SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

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

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

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

TITLE **D** ☐ Delete
NAME **JOHNSON, JUILE MD**
STREET ADDRESS **2855 5TH AVE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME **Wray, Chuck**
STREET ADDRESS **801 Sixth Street South**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **STD** ☐ Change ☒ Addition
NAME **Saltiel, Albert M.D.**
STREET ADDRESS **801 Sixth Street South**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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

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

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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(727) 767-4348

Daytime Phone #

Chuck Wray

Attachment
**ALL CHILDREN'S PHYSICIAN HOSPITAL
ORGANIZATION, INC.
E.I. # 59-3286493
2004 UNIFORM BUSINESS REPORT**

54047631
N 94000004375

ADDITIONAL OFFICERS & DIRECTORS

<u>Name and Address</u>	<u>Title</u>
D Douglass 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 Phyllis Yonker, M.D. 1700 South Osprey Avenue Sarasota, FL 34239	Director