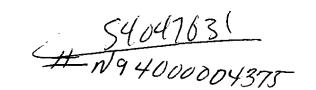
2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90331 027 ***150.00

ANNUAL REPORT	JILA I	
DOCUMENT # N0400004375		(1H)

1. Entity Nam ALL CHIL	VIENT # N94000004 ©DREN'S PHYSICIAN HOSP 'ATION, INC.								
Principal Place 801 6TH ST. ST. PETERSB		Mailing Address 801 6TH ST. SO ST. PETERSBURG				81811 f 8 112 88 111 87 11	 		
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.		04262004 CH	hg-NP	CR2E037	(10/03)	
City & State	-	City & State	4	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-328649)3			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		8.75 Add ee Required	
	6. Name and Address of Current F	legistered Agent	Nar	ne	7. Name and Add	ress of New R	egistered Ag	ent	
MASTRY N HOLLAND	I, DONALD R ESQ & KNIGHT				et Address (P.O. Box Number is Not Acceptable)				
ONE PRO	GRESS PLAZA SUITE 1600 RSBURG, FL 33701		-						
01.1 2121	(OBONO, 12 33701		City	,			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of chan	ging its registered offi	ce or register	red agent, or both, in	the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered Agent	signature required	d when reinstating)	Facility in the con-	DATE	and the second of the	
	Filing Fee is \$61.25 Due by May 1, 2004	1	tion Campaign Financ Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		ake check i ida Departn		
10.	OFFICERS AND DIR		11.	CD	ADDITIONS/CHANG	ES TO OFFICE		CTORS IN	
NAME STREET ADDRESS	WRAY, CHUCK 801 6TH STREET SOUTH	⊠ Dele	te TITLE NAME STREET ADDR	Wra	y, Chuck Sixth Si	iroot (•	<u>≠</u> ¥ Change	Addition
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP		Petersbu			1	
NAME STREET ADDRESS CITY-ST-ZIP	CD WRAY, CHUCK 801 SIXTH ST SOUTH SAINT PETERSBURG, FL 33701	. 53 Dele	ete TITLE NAME STREET ADDI CITY-ST-ZIF	ESS 801	tiel, All Sixth St Petersb	treet S	D. South	□ Change 1	★ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNES, GARY 801 6TH STREET SOUTH ST. PETERSBURG, FL 33701	☐ Dele	tte TITLE NAME STREET ADDI CITY-ST-ZIF	RESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E. MICHAEL REISMAN, M.D. 801 6TH STREET SOUTH ST. PETERSBURG, FL 33701	☐ Dele	ote TITLE NAME STREET ADDI CITY-SI-ZIF					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTO, JACK MD 801 6TH STREET SOUTH ST. PETERSBURG, FL 33701	☐ Dele	ITLE NAME STREET ADDI CITY-ST-ZIF	l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUILE MD 2855 5TH AVE SOUTH SAINT PETERSBURG, FL 33701		NAME STREET ADDI CITY-ST-ZIF					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 an address, with all other like empowered. SIGNATURE: SIGNATURE									

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



ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title
D Douglass Haself, 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
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