


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90301 006 ***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.			
City & State		City & State		4. FEI Number 59-3286493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WRAY, CHUCK 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WRAY, CHUCK 801 SIXTH ST SOUTH SAINT 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 JOHNSON, JUILE MD 2855 5TH AVE SOUTH SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Albert Saltiel, MD 801 Sixth Street South St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2727 W Martin Luther King STE 200 Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input 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: <u>Chuck Wray</u> <u>4/12/05</u> <u>727-767-4348</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**ALL CHILDREN'S PHYSICIAN HOSPITAL
ORGANIZATION, INC.
E.I. # 59-3286493
2005 UNIFORM BUSINESS REPORT**

ATTACHMENT 40063513
#1094000004375

ADDITIONAL OFFICERS & DIRECTORS

<u>Name and Address</u>	<u>Title</u>
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
D Nadine American, MD 5009 North Central Avenue Tampa, FL 33603	Director
D Kathryn McNeely, MD 1105 South Fort Harrison Clearwater, FL 33756	Director