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Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90214 042 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000004375			
1. Entity Name ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC.			
Principal Place of Business 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701		Mailing Address 801 SIXTH STREET 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTRY N. DONAL R ESQ HOLLAND & KNIGHT ONE PROGRESS PLAZA, SUITE 1600 ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name MASTRY N. DONALD R ESQ Street Address (P.O. Box Number is Not Acceptable) TRENAM KEMKER ONE PROGRESS PLAZA, SUITE 1600 City ST PETERSBURG FL Zip Code 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. 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)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALTIEL, ALBERT MD <input type="checkbox"/> Delete 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SALTIEL, ALBERT MD 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete WRAY, CHUCK 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WRAY, WAYNE C 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARNES, GARY 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete E. MICHAEL, REISMAN, M.D. 2727 W. MARTIN LUTHER KING, STE 200 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REISMAN, MICHAEL E. MD 2727 W. MARTIN LUTHER KING, STE 200 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HUTTO, JACK MD 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EPSTEIN, MICHAEL M.D. 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JOHNSON, JULIE MD 2855 FIFTH AVE SOUTH ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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>Wayne C. Wray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		WAYNE C. WRAY <u>4/25/06</u> <u>727-767-4348</u> <small>Date Daytime Phone #</small>	