


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90211 034 \*\*\*150.00

<b>DOCUMENT # N94000004375</b> 1. Entity Name <b>ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC.</b>					
Principal Place of Business <b>801 6TH ST. SOUTH ST. PETERSBURG, FL 33701</b>			Mailing Address <b>801 6TH ST. SOUTH ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3286493</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MASTRY N, DONALD R ESQ TRENAM KEMKER ONE PROGRESS PLAZA SUITE 1600 ST. PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALTIEL, ALBERT MD 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALTIEL, ALBERT MD 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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	STD WRAY, CHUCK 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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	STD WRAY, CHUCK 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISMAN, MICHAEL E MD 2727 W MARTIN LUTHER KING STE 200 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRAY, CHUCK 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, MICHAEL MD 801 6TH STREET SOUTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRAY, CHUCK 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUILE MD 2855 5TH AVE SOUTH SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRAY, CHUCK 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701
<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 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.					
<b>SIGNATURE:</b> <u>Wayne C. Wray</u>		WAYNE C. WRAY		4/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# ATTACHMENT

ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC.  
E.I.N. 59-3286493

## 2007 UNIFORM BUSINESS REPORT

40086691  
# N94000004375

### **CHAIRMAN**

Albert Saltiel, MD  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

### **SECRETARY/TREASURER**

Wayne C. Wray  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

### **DIRECTORS:**

Arnold T. Stenberg, Jr., Senior VP for Finance/CFO  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

Phyllis Yonker, MD

Nadine American, MD  
American Pediatrics, Inc.  
5009 North Central Avenue  
Tampa, FL 33603

Sheridan Hernandez, MD  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

E. Michael Reisman, MD  
Children's Urology Group  
2727 W. Martin Luther King, Suite 200  
Tampa, FL 33701

Stephen Nelson, MD  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

Dien Vu, MD  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

Jorge McCormack, MD  
All Children's Health System, Inc.  
801 6<sup>th</sup> Street South  
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