
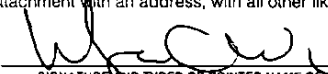


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 050 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3286493	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MASTRY N, DONALD R ESQ TRENAM KEMKER ONE PROGRESS PLAZA SUITE 1600 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent 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, 2008		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 SALTIEL, ALBERT MD 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRAY, CHUCK 801 SIXTH ST SOUTH SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRAY, WAYNE C. 801 SIXTH STREET SOUTH SAINT PETERSBURG, FL 33701 <input checked="" 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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STENBERG, ARNONLD T JR 801 6TH STREET SOUTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input checked="" 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	<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	<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	<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.					
SIGNATURE:  WAYNE C. WRAY 1/8/08 727-767-4348 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40083525

ATTACHMENT

ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC. #N94000084375
E.I.N. 59-3286493

2008 UNIFORM BUSINESS REPORT

Additional Directors

DIRECTORS

TITLE

D

Director

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

D

Director

Dien Vu, MD
All Children's Physician Hospital Organization, Inc.
801 6th Street South
St. Petersburg, FL 33701

D

Director

Sheridan Hernandez, MD
All Children's Physician Hospital Organization, Inc.
801 6th Street South
St. Petersburg, FL 33701

D

Director

Stephen Nelson, MD
All Children's Physician Hospital Organization, Inc.
801 6th Street South
St. Petersburg, FL 33701

D

Director

Rachna Gulati, MD
All Children's Physician Hospital Organization, Inc.
801 6th Street South
St. Petersburg, FL 3370

D

Director

Jorge McCormack, MD
All Children's Physician Hospital Organization, Inc.
801 6th Street South
St. Petersburg, FL 33701