

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004375

FILED
Jan 13, 2010
Secretary of State

Entity Name: ALL CHILDREN'S PHYSICIAN HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

801 6TH ST S
ST PETERSBURG, FL 33701

New Principal Place of Business:

501 6TH AVENUE, SOUTH
#9505
ST PETERSBURG, FL 33701

Current Mailing Address:

801 6TH ST S DEPT 9505
ST PETERSBURG, FL 33701

New Mailing Address:

501 6TH AVENUE, SOUTH
#9505
ST PETERSBURG, FL 33701

FEI Number: 59-3286493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRY, DONALD R ESQ
TRENAM KEMKER
200 CENTRAL AVE STE 1600
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

WRAY, WAYNE C
501 6TH AVENUE SOUTH
#9505
ST PETERSBURG, FL 33701 US

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.

SIGNATURE: WAYNE C. WRAY

01/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: SALTIEL, ALBERT MD
Address: 501 6TH AVENUE, SOUTH, # 7550
City-St-Zip: ST PETERSBURG, FL 33701

Title: CD
Name: WRAY, WAYNE C
Address: 501 6TH AVENUE, SOUTH, # 9505
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: STENBERG, ARNOLD T JR
Address: 501 6TH AVENUE, SOUTH, # 9010
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: REISMAN, MICHAEL E MD
Address: 4712 N ARMENIA AVE STE 200
City-St-Zip: TAMPA, FL 33603

Title: D
Name: EPSTEIN, MICHAEL MD
Address: 501 6TH AVENUE, SOUTH, # 9500
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: NELSON, STEPHEN MD
Address: 5601 9TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE C. WRAY

STD

01/13/2010

Electronic Signature of Signing Officer or Director

Date