

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90227 007 ***150.00

0045315

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

Zip

Country

Zip

Country

4. FEI Number **59-3286493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **CD** ☒ Delete
NAME **ROBERT I SIVER**
STREET ADDRESS **801 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **Wray, Chuck**
STREET ADDRESS **801 Sixth Street South**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **STD** ☐ Delete
NAME **ALBERT SALTIEL, M.D.**
STREET ADDRESS **801 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **C/D** ☒ Change ☐ Addition
NAME **Saltiel, Albert, M.D.**
STREET ADDRESS **801 Sixth Street South**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **D** ☐ Delete
NAME **CARNES, GARY**
STREET ADDRESS **801 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **E. MICHAEL REISMAN, M.D.**
STREET ADDRESS **801 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUTTO, JACK MD**
STREET ADDRESS **801 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **AGORIS, PETER MD**
STREET ADDRESS **801 6TH ST SO. BOX 7560**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Change ☒ Addition
NAME **Johnson, Julie, M.D.**
STREET ADDRESS **2855 5th Avenue South**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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: **CIGNAZIRE REQUIRED**

4/25/03

(727) 892-4401

CR2E037 (10/02)