

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000001669 (8)**

1. Corporation Name

HELEN ELLIS PHYSICIAN HOSPITAL ALLIANCE, INC.

Principal Place of Business

**1395 S PINELLAS AVENUE
TARPON SPRINGS FL 34689-3790**

Mailing Address

**1395 S PINELLAS AVENUE
TARPON SPRINGS FL 34689-3721**

3. Date Incorporated or Qualified

03/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip

Country

29**30**

4. FEI Number

59-3368268

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, JAMES J III
101 EAST KENNEDY BLVD
SUITE 1030
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** ☐ DELETE
NAME **Gloria S. Hope**
STREET ADDRESS **900 Peninsula Avenue**
CITY-ST-ZIP **Tarpon Springs FL 34689**1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **David J. O'Neil**
1.3 STREET ADDRESS **605 Timber Lane**
1.4 CITY-ST-ZIP **Tarpon Springs FL 34689**TITLE **VP/D** ☐ DELETE
NAME **Joseph N. Kiefer**
STREET ADDRESS **1412 Sunset Road**
CITY-ST-ZIP **Tarpon Springs FL 34689**2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Scott McIntyre**
2.3 STREET ADDRESS **1421 Red Oak Drive**
2.4 CITY-ST-ZIP **Tarpon Springs FL 34689**TITLE **S/T/D** ☐ DELETE
NAME **Daniel B. Vinson**
STREET ADDRESS **436 E. Tarpon Avenue**
CITY-ST-ZIP **Tarpon Springs FL 34689**3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Paola Delp**
3.3 STREET ADDRESS **1395 S. Pinellas Avenue**
3.4 CITY-ST-ZIP **Tarpon Springs FL 34689**TITLE **D** ☐ DELETE
NAME **James Hyler, M.D.**
STREET ADDRESS **1259 S. Pinellas Avenue**
CITY-ST-ZIP **Tarpon Springs FL 34689**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **Joseph Lisciandro**
STREET ADDRESS **3520 Beacon Square Drive**
CITY-ST-ZIP **Holiday FL 34690**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **Cloy B. Lee**
STREET ADDRESS **4533 Marine Parkway #103**
CITY-ST-ZIP **New Port Richey FL 34652**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph N. Kiefer* **JOSEPH N. KIEFER**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Date Daytime Phone # 0088961

CR2E037 (9/96)