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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001669 (8)**

1. Corporation Name

HELEN ELLIS PHYSICIAN HOSPITAL ALLIANCE, INC.

Principal Place of Business

Mailing Address

**1395 S PINELLAS AVENUE
TARPON SPRINGS FL 34689-3780**

**1395 S PINELLAS AVENUE
TARPON SPRINGS FL 34689-3780**

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

59-3368268

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, JAMES J III
BUCHANAN INGERSOLL P.A.
401 E. JACKSON ST., SUITE 2500
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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

**PD
HOPR, GLORIA S
900 PENINSULA AVE
TARPON SPRINGS FL**

TITLE ☐ DELETE

**VPD
KIEFER, JOSEPH N
1412 SUNSET ROAD
TARPON SPRINGS FL**

TITLE ☐ DELETE

**STD
VINSON, DANIEL B
436 E TARPON AVENUE
TARPON SPRINGS FL**

TITLE ☐ DELETE

**D
HYLER, JAMES MD
1259 S PINELLAS AVE
TARPON SPRINGS FL**

TITLE ☒ DELETE

**D
LUSCIANDRO, JOSEPH
3520 BEACON SQUARE DRIVE
HOLIDAY FL**

TITLE ☐ DELETE

**D
LEE, CLOY B
4533 MARINE PARKWAY #103
NEW PORT RICHEY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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** 1-27-98 813-942-5020

CR2E037 (10/97)