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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001669

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 34689-3790



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/27/1996

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

9. Name and Address of Current Registered Agent

KENNEDY, JAMES J III
BUCHANAN INGERSOLL P.A.
401 E. JACKSON ST., SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

TITLE PD
NAME HOPR, GLORIA S
STREET ADDRESS 900 PENINSULA AVE
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE VPD
NAME KIEFER, JOSEPH N
STREET ADDRESS 1412 SUNSET ROAD
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE STD
NAME VINSON, DANIEL B
STREET ADDRESS 436 E TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE D
NAME HYLER, JAMES MD
STREET ADDRESS 1259 S PINELLAS AVE
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE D
NAME EILAND, DOUGLAS M
STREET ADDRESS 2002 ALEXIS COURT
CITY-ST-ZIP TARPON SPRGS FL

☒ DELETE

TITLE D
NAME LEE, CLOY B
STREET ADDRESS 4533 MARINE PARKWAY #103
CITY-ST-ZIP NEW PORT RICHEY FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH N. KIEFER
ADMINISTRATOR

4/6/99

727-942-5020

Daytime Phone #

CR2E037 (11/98)