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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600001669

HELEN ELLIS PHYSICIAN HOSPITAL ALLIANCE, INC.

Principal Place of Business 1395 S PINELLAS AVENUE TARPON SPRINGS FL 34689-3790

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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1395 S PINELLAS AVENUE TARPON SPRINGS FL 34689-3790

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 015 ****61.25



Applied For

Not Applicable

3. Date Incorporated or Qualifed

03/27/1996

≈59-3368268

4. FEI Number

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| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 16. Value of Comparison of Sections 617,0502 and 617,1508, Florids Statutes, the above—are and corporation submite this statement for the purpose of Changing is registered office of the provision of the State of Florids. Such change was authorized by the corporation's burnite this statement for the purpose of Changing is registered office of the provision of the State of Florids. Such change was authorized by the corporation's burnite this statement for the purpose of changing is registered office of the provision of the State of Florids. Such change was authorized by the corporation's burnite this statement for the purpose of changing is registered office of the provision of the statement for the purpose of changing is registered office of the purpose of changing is registered office of the provision of the purpose of changing is registered office of the purpose of changing is registered of the purpose of changing is registered of directors. I hereby accept the appointment as registered of the purpose of changing is registered of directors. I hereby accept the appointment as registered of the purpose of changing is registered of the purpose of changing is registered of directors. I hereby accept the appointment as registered of the purpose of changing is registered of directors. I hereby accept the appointment as registered of the purpose of the purp | | Country | | Zin | Cot | intry | | 6 EI4 | ection Campaign Financ | ina _ | \$5.00 | May Re |
| Section Sect | 4 | | 20 | - :P | | ,,,, | | | | 9 | • | • |
| Stock Stoc | | | | stered Agent | [04] | 1 | | 10. Na | me and Address of Ne | ew Registere | Agent | |
| KENNEDY, JAMES J III BUCHANAN INGERSOLL P.A. 401 E. JACKSON ST., SUITE 2500 TAMPA FL 33602 144 City 1- 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 agent. or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. and maintaillar with, and accept the obligations of, Section 617,0503, Florida Statutes. IGNATURE Signature, type of previous areas of registered agent and the 7 spotiate agent and the 7 spotiate. OFFICERS AND DIRECTORS 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INTEL OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INTEL OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INTEL OFFICERS AND DIRECTORS IN 12 INTEL OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INTEL OPP OBLETE 1.1TITLE OCHANGE Addition WE KIEFER, JOESEPH N 22 NAME VINSON, DANIEL B 32 STREET ADDRESS TARPON SPRINGS:FL 1.2 Change Addition VINSON, DANIEL B 32 STREET ADDRESS TARPON SPRINGS FL 1.4 Change Addition WE HILER, JAMES MD OLETTE 1.1TITLE OCHANGE OCHANGE Addition HILER, JAMES MD OLETTE 1.1TITLE OCHANGE OCHANGE Addition HILER, JAMES MD OLETTE 1.1TITLE OCHANGE OCHANGE Addition HILER, JAMES MD OLETTE TARPON SPRINGS FL TARP | | 3. Maile and Address of Current | g | stored Agent | | 81 | Name | | | <u> </u> | | |
| BUCHANAN INCERSOLL P.A. 401 E. JACKSON ST., SUITE 2500 TAMPA FL 33602 1. 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 agent. or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The provision of registered agent are not registered agent agent are not registered agent are not re | | | | | | | | | | _ | | |
| ### Addition #### Addition #################################### | KENNEDY, JAMES J III | | | | | 82 | Street Addr | iress (P.O. | Box Number is Not Acc | ceptable) | ` | |
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| TAMPA FL 33602 1. 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 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. International Control of Control o | | | | | | | | | | | | |
| 1. Purpuant 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 officer 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 it in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. IGNATURE Signature, typed or printed name of registered agent and title if applicables. PATE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE PD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ILE VPD OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ILE VPD OFFICERS AND DIRECTORS ILE | | | | | | 84 City 85 Z | | | | . 85 Zip C | ode | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's doard or directors. Thereby accept the appointment as registered agent at mainlar with, and accept the obligations of, Section 917,0503, Prioridas Statutes. IGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ILE PD OFFICERS AND DIRECTORS IN 12. ILE HOPR, GLORIA S REEFFADORESS REEFFADORESS REEFFADORESS TARPON SPRINGS FL L4 CITY-ST-ZP TARPON SPRINGS FL L2 YNME L3 STREET ADDRESS 1412 SUNSET ROAD L4 CITY-ST-ZP TARPON SPRINGS FL STD DELETE STREET ADDRESS TARPON AVENUE 33 STREET ADDRESS TARPON SPRINGS FL 34 CITY-ST-ZP TARPON SPRINGS FL 35 STREET ADDRESS TARPON SPRINGS FL 44 CITY-ST-ZP TARPON SPRINGS FL 53 STREET ADDRESS TARPON SPRINGS FL 54 CITY-ST-ZP TARPON SPRINGS FL 55 STREET ADDRESS TARPON SPRINGS FL 56 STREET ADDRESS TARPON SPRINGS FL Change Addition Addition AME LEE, CLOY B 45 STREET ADDRESS 56 STREET ADDRESS 57 STREET ADDRESS 57 STREET ADDRESS 58 STREET ADDRESS 58 STREET ADDRESS 58 STREET ADDRESS 59 STREET ADDRESS 59 STREET ADDRESS 59 STREET ADDRESS 50 STREET ADDRESS 50 STREET ADDRESS 50 STREET ADDRESS 50 STREET ADDRESS 51 STREET ADDRESS 52 STREET ADDRESS 53 STREET AD | | | | | | | • | | | | L | |
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| | CITY-ST-ZIP | ANEW PORT RICHEY FL | | | | | | | | | | |
| 4. 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 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 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 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 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 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 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 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 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 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 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under | 44 I horoby | portify that the information cumplied with | this t | filing does not qualify | for the exe | ampti | ion stated in | Section 11 | 19.07(3)(i), Florida Statu | tes. I further o | ertify that the in | nformation |

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: