

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001669

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3368268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, JAMES J III
BUCHANAN INGERSOLL P.A.
401 E. JACKSON ST., SUITE 2500
TAMPA FL 33802

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME HOPE, GLORIA S
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME KIEFER, JOSEPH N
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Joseph N. Kiefer

SIGNATURE REQUIRED JOSEPH N. KIEFER

4-27-00 727-942-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)