

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90136 027 ****61.25

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 33602**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOPR, GLORIA S 900 PENINSULA AVE TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIEFER, JOSEPH N 1412 SUNSET ROAD TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VINSON, DANIEL B 436 E TARPON AVENUE TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYLER, JAMES MD 1259 S PINELLAS AVE TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Carson, M.D. 1259 S. Pinellas Avenue Tarpon Springs FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carlos Bayron, M.D. 3890 Tampa Rd., Suite 407 Palm Harbor FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marvin Sponaugle, M.D. 1810 Alt. US Hwy. 19 No. Tarpon Springs, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01

727-442-5107

Date Daytime Phone #

CR2E037 (10/00)