

2002 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90107 001 ***306.25

DOCUMENT # N96000001669

1. Entity Name

HELEN ELLIS PHYSICIAN HOSPITAL ALLIANCE, INC.

Principal Place of Business

Mailing Address

**1395 S PINELLAS AVENUE
 TARPON SPRINGS FL 34689-3790**

**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

Joseph N. Kiefer

Street Address (P.O. Box Number is Not Acceptable)

1395 South Pinellas Avenue

Post Office Box 1487

City

Tarpon Springs

FL

**Zip Code
 34689**

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

Joseph N Kiefer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-30-02

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	VPD	<input type="checkbox"/> Delete
NAME	HOPR GLORIA S (Last name is Hope)	
STREET ADDRESS	900 PENINSULA AVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KIEFER JOSEPH N (First Name is Joseph)	
STREET ADDRESS	1412 SUNSET ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VINSON, DANIEL B	
STREET ADDRESS	438 E TARPON AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, THOMAS	
STREET ADDRESS	1259 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYRON, CARLOS	
STREET ADDRESS	3890 TAMPA ROAD STE 407	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPONAUGLE, MARVIN M.D.	
STREET ADDRESS	1810 ALT US HWY 19 NORTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02
 Date

727/942-5020
 Daytime Phone #

CR2E037 (9/01)