


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003650 (6)**

1. Corporation Name

**SOUTH FLORIDA BAPTIST HOSPITAL PHYSICIAN SERVICE  
S, INC.**

Principal Place of Business

Mailing Address

**301 N. ALEXANDER ST.  
PLANT CITY FL 33566**

**301 N. ALEXANDER ST.  
PLANT CITY FL 33566**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**07/11/1996**

4. FEI Number

**59-3333666**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ANDERSON, WILLIAM H  
301 N. ALEXANDER ST.  
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name

**William G. Ulbricht**

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

**301 N. ALEXANDER ST.**

83

84 City

**Plant City**

**FL**

85 Zip Code

**33566**

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 617.0506, 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 <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, WILLIAM H</b>
STREET ADDRESS	<b>301 N. ALEXANDER ST.</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>ULBRICHT, WILLIAM G</b>
STREET ADDRESS	<b>301 N. ALEXANDER ST.</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>SALVATO, MICHAEL M.D.</b>
STREET ADDRESS	<b>301 N. ALEXANDER ST.</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ISAAC MALLAH</b>
1.3 STREET ADDRESS	<b>301 N. ALEXANDER ST.</b>
1.4 CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \* 0047065

CR2E037 (10/97)