

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000067690**

1. Corporation Name

**PHYSICIANS HOSPITAL CORPORATION OF FLORIDA**

Principal Place of Business

**359 CAROLINA AVE  
WINTER PARK FL 32789  
US**

Mailing Address

**359 CAROLINA AVE  
WINTER PARK FL 32789  
US**

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90007 043 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/08/1996**

4. FEI Number

**59-3415853**

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**498 Palm Springs Drive**

2a. Mailing Address

**498 Palm Springs Drive**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Altamonte Springs, FL**

City & State

**Altamonte Springs, FL**

Zip

**32701**

Country

**USA**

Zip

**32701**

Country

**USA**

9. Name and Address of Current Registered Agent

**ADESSA, JOHN L  
395 CAROLINA AVENUE  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

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

**498 Palm Springs Drive**

83 Suite 100

84 City **Altamonte Springs**

**FL**

85 Zip Code  
**32701**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*John A. Beneke*

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 **DPCE** ☐ DELETE

NAME **ADESSA, JOHN L**  
STREET ADDRESS **359 CAROLINA AVE**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SD** ☐ DELETE

NAME **SANCHEZ, PHILIP L**  
STREET ADDRESS **685 PALM SPRINGS DR 2A**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **CASSELL, JACK M**  
STREET ADDRESS **1290 WATERMAN WAY**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **DT** ☐ DELETE

NAME **ROGERS, WILLIAM J**  
STREET ADDRESS **800 W. MORSE BLVD STE 5**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE

NAME **DUVAL, MICHAEL A**  
STREET ADDRESS **500 S MAITLAND AVE**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ DELETE

NAME **PACE, BILLY JEAN M**  
STREET ADDRESS **707 BALLARD ST**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **498 Palm Springs Drive, Suite 100**  
1.4 CITY-ST-ZIP **Altamonte Springs, FL. 32701**

2.1 TITLE **Chairman of the Board** ☐ Change ☒ Addition

2.2 NAME **Russell J. Ivanhoe, M.D.**  
2.3 STREET ADDRESS **1613 North Mills Avenue**  
2.4 CITY-ST-ZIP **Orlando, FL. 32803**

3.1 TITLE **Director** ☐ Change ☒ Addition

3.2 NAME **John A. Beneke, M.D.**  
3.3 STREET ADDRESS **1911 North Mills Avenue**  
3.4 CITY-ST-ZIP **Orlando, FL. 32803**

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME **Edgar John Jimenez, M.D.**  
4.3 STREET ADDRESS **1804 North Mills Avenue**  
4.4 CITY-ST-ZIP **Orlando, FL. 32803**

5.1 TITLE **Director** ☐ Change ☒ Addition

5.2 NAME **Allan P. Klaiman, M.D.**  
5.3 STREET ADDRESS **1812 North Mills Avenue**  
5.4 CITY-ST-ZIP **Orlando, FL. 32801**

6.1 TITLE **Director** ☐ Change ☒ Addition

6.2 NAME **Wesley J. Brackhoef, Ph.D.**  
6.3 STREET ADDRESS **1250 Capital of Texas Hwy, South**  
6.4 CITY-ST-ZIP **Austin, Texas 78746**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John A. Beneke*

8/24/99

(407) 261-8966

CR2E034 (5/99)