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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37923

(2)

1. Corporation Name

NORTH PINELLAS CHILDREN'S MEDICAL CENTER, INC.

Principal Place of Business

31860 US HWY 19 N.
PALM HARBOR FL 34684

Mailing Address

31860 US HWY 19 N.
PALM HARBOR FL 34684-3713



3. Date Incorporated or Qualified

05/15/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

2240 Belleair Rd, St. 225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL 34624

Zip

Country

Zip

Country

4. FEI Number

59-3130090

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

HENNESSEY, TOM
31860 US HWY 19, N
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 HENNESSEY, THOMAS ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
31860 US HWY 19, N
PALM HARBOR FL

TITLE VD FAUBER, DEAN ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
31860 US HWY 19, N
PALM HARBOR FL

TITLE TD PANTAGES, EFSTRATIOS F ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
31860 US HWY 19, N
PALM HARBOR FL

TITLE SD DWYER, JAMES A ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
31860 US HWY 19, N
PALM HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Jeffrey Sourbeer, M.D. ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2240 Belleair Rd, St. 225
Clearwater, FL 34624

2.1 TITLE VD Philip K. Beauchamp ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
601 Main Street
Dunedin, FL 34698

3.1 TITLE S/TD Frank V. Murphy ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
610 Main Street
Dunedin, FL 34698

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Jeffrey Sourbeer, M.D.

4/30/97

(813) 524-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)