

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708088

Entity Name: ALL CHILDREN'S HOSPITAL, INC.**Current Principal Place of Business:**501 6TH AVE S
ST PETERSBURG, FL 33701**Current Mailing Address:**501 6TH AVE S
ST PETERSBURG, FL 33701**FEI Number:** 59-0683252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAIN, JACKIE
501 6TH AVE S
LEGAL, 9080
ST PETERSBURG, FL 33701 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ELLEN, JONATHAN MD
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	CFO
Name	TEMPLIN, NANCY
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	CVC
Name	PETERSON, RONALD R
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	SR VP STRATEGIC BUSINESS SERVICES
Name	HORTON, ROBERT W
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP, CHIEF NURSING OFFICER
Name	EWING, HELLA
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP, OPERATIONS
Name	HARDING, JOHN
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP, HUMAN RESOURCES
Name	KUHNS, JAY
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP, INFORMATION TECHNOLOGY
Name	POPOVICH, CALVIN
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY TEMPLIN

CFO

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP MARKETING AND COMMUNITY RELATIONS
Name ROSE, CINDY
Address 501 6TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title TRUSTEE
Name BARBER, TIMOTHY
Address 501 6TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title TRUSTEE
Name BASKIN, HAMDEN H III
Address 501 6TH AVE S
City-State-Zip: ST PETERSBURG FL 33701

Title TRUSTEE
Name DIAMOND, SANDRA
Address 501 6TH AVE S
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Title TRUSTEE
Name GRAYSON, DARLENE
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Title TRUSTEE
Name HOLLAND, TROY W
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Title TRUSTEE
Name LANE, WILLIAM R JR.
Address 501 6TH AVE S
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Title TRUSTEE
Name LETTELLEIR, MARK
Address 501 6TH AVE S
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Title TRUSTEE
Name MILLER, EDWARD D DR
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Title TRUSTEE
Name RAYMUND, STEVEN A
Address 501 6TH AVE S
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Title TRUSTEE
Name SHER, CRAIG

Title ASST. SECRETARY
Name MARRA, HELENE
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Title TRUSTEE
Name BARODY, MICHAEL
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Name CANNOVA, MICHAEL
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Title TRUSTEE
Name DOLAN, VINCENT
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Title TRUSTEE
Name HAMILTON, NANCY
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Title TRUSTEE
Name KOBREN, ERIC M
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Name LECLAIR, DARRYL
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Title TRUSTEE
Name MAHAFFEY, THOMAS
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Name MONDELLO, MARK
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Title TRUSTEE
Name RESOP, W P JR.
Address 501 6TH AVE S
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Title TRUSTEE
Name SMITH, RAYMOND P
Address 501 6TH AVE S

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