PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

N93000001888

99 FEB 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001888

1. Corporation Name

Physician Hospital Organization at St. Anthony's, Inc.

Principal Place of Business	Mailing Address
1200 Seventh Avenue, North St. Petersburg, FL 33705	

98+99
2/18 CBC

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Not Applicable	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/93

5. FEI Number: 59-3184319 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	See Attached		

000178780974--4
-02/19/99--01078--005
****297.50 ****297.50

8. Name and Address of Current Registered Agent

Isaac Mallah
1200 Seventh Avenue, North
St. Petersburg, FL 33705

9. Name and Address of New Registered Agent

Name: Not Applicable
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Isaac Mallah — REGISTERED AGENT MUST SIGN — Date: 2/11/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Robert Miller, M.D. President 2/12/99 (727) 825-1353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1-98)

FLORIDA DEPARTMENT OF STATE
APPLICATION FOR REINSTATEMENT

PHYSICIAN HOSPITAL ORGANIZATION AT ST. ANTHONY'S, INC.
LIST OF OFFICERS AND DIRECTORS AND ADDRESSES

Robert Miller, M.D. (President)
1301-5th Avenue North
St. Petersburg, FL 33705

James A. McClinitic, M.D.
1201-5th Avenue, North, #506
St. Petersburg, FL 33705

Michael T. Reilly, M.D. (Secretary)
1201-5th Avenue, North, #401
St. Petersburg, FL 33705

Kevin Denny, M.D.
1099-5th Avenue, North
St. Petersburg, FL 33705

Larry R. Williams, M.D.
1111-7th Avenue, North, #105
St. Petersburg, FL 33705

William A. Emerson (Vice Chairman, Board of Trustees)
St. Joseph's-St. Anthony's Health Sys.
3050-82nd Way
St. Petersburg, FL 33710

Thomas Egan, M.D. (Vice President)
1201-5th Avenue, North, #509
St. Petersburg, FL 33705

Stacey Gillies
St. Anthony's Hospital
1200-7th Avenue, North
St. Petersburg, FL 33705

Joy Gorseman (Treasurer)
St. Anthony's Hospital
1200-7th Avenue, North
St. Petersburg, FL 33705

Dwight D. Valentine, M.D.
St. Anthony's Hospital
1200-7th Avenue, North
St. Petersburg, FL 33705

FILED
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