

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 10:01 AM
Secretary of State

DOCUMENT # N93000001888		
1. Entity Name PHYSICIAN HOSPITAL ORGANIZATION OF SOUTH PINELLAS, INC.		
Principal Place of Business 701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701	Mailing Address 701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701	



02162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3184319	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THORNTON, ROBERT W 701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

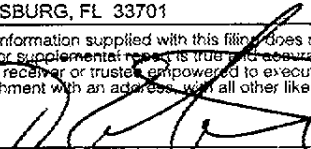
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000077651
03/05/04-00051-023-70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT M.D. 1301 5TH AVENUE NORTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGAN, THOMAS M.D. 1201 5TH AVENUE N., #509 ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, MICHAEL M.D. 1201 FIFTH AVE N STE 401 ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THORNTON, ROBERT W 701 6TH STREET SOUTH ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, TERESA 1200-7TH AVENUE NORTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, MARK M.D. 601 7TH STREET SOUTH ST. PETERSBURG, FL 33701

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IN THIS SPACE**

12. 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 report or supplemental 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 the reports required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERT W. THORNTON** 02/16/04 (727)893-6698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #