2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

ORIGINAL

DOCUMENT # N93000001888

1. Entity Name
PHYSICIAN HOSPITAL ORGANIZATION OF SOUTH PINELLAS, INC.

Principal Place of Business	Mailing Address
701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701	701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

02162004 No Chg-NP CR2E037 (10/03)

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000077651
03/05/04-00051-023 70.00

10. OFFICERS AND DIRECTORS

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

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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 this report as 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 #