

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90096 011 ****70.00

DOCUMENT # N99000006783

1. Entity Name
PANHANDLE AREA PRACTITIONERS-HOSPITAL ORGANIZATI

Principal Place of Business Mailing Address

2954-A PENN AVE. **2954-A PENN AVE.**
MARIANNA FL 32448 **MARIANNA FL 32448-2700**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country **USA** Zip Country **USA**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Would like non-profit status Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATHIS, CINDY
2954-A PENN AVE.
MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEES IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SHERREL, JOSEPH T MD
STREET ADDRESS	4316 5TH AVE.
CITY-ST-ZIP	MARIANNA FL 32446
TITLE	D <input type="checkbox"/> Delete
NAME	CLEMMONS, JAMES MD
STREET ADDRESS	P.O. BOX 741 N/A
CITY-ST-ZIP	CHIPLEY FL 34248
TITLE	D <input type="checkbox"/> Delete
NAME	BROOKS, HERBERT MD
STREET ADDRESS	310 N. MADISON ST.
CITY-ST-ZIP	BONIFAY FL 32425
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CHRISTOPHER, RICHARD MD
STREET ADDRESS	P.O. BOX 668 N/A
CITY-ST-ZIP	MARIANNA FL 32447
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BRUNNER, RICHARD MD
STREET ADDRESS	4295 3RD AVE.
CITY-ST-ZIP	MARIANNA FL 32446
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRANZ, SINCLAIR
STREET ADDRESS	3048 4TH ST.
CITY-ST-ZIP	MARIANNA FL 32447

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Schiros, Judy - Campbellton-Graceville Hospital	
CITY-ST-ZIP	5429 College Drive	
	Graceville FL 32440	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Hall, John	
CITY-ST-ZIP	1360 Brickyard Road	
	Chipley FL 32428	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Gay, Joseph MD	
CITY-ST-ZIP	3025 6th Street	
	Marianna FL 32446	

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: **LUCIANA WERE EXECUTIVO**

Luciana Were 850-656-2184
 Date: **5/11/00** Daytime Phone #

CR2E037 (9/99)