

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90160 007 ****70.00

DOCUMENT # N99000006783

1. Entity Name

PANHANDLE AREA PRACTITIONERS-HOSPITAL ORGANIZATION (PHO), INC.

Principal Place of Business

Mailing Address

2954-A PENN AVE.
 MARIANNA FL 32448

2954-A PENN AVE.
 MARIANNA FL 32448

2. Principal Place of Business

3. Mailing Address

2863 Green Street

2863 Green Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2B

Suite 2B

City & State
 Marianna, FL

City & State
 Marianna, FL

Zip
 32448

Country
 USA

Zip
 32448

Country
 USA

4. FEI Number
 59-3663068

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Saun, Heather
 Street Address (P.O. Box Number is Not Acceptable)
 2863 Green Street, Suite 2B

City
 Marianna, FL Zip Code
 32448

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 *Heather Saun*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
 4/18/02

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D SHERREL, JOSEPH T MD**
 STREET ADDRESS **4316 5TH AVE.**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CLEMMONS, JAMES MD**
 STREET ADDRESS **P.O. BOX 741 N/A**
 CITY-ST-ZIP **CHIPLEY FL 34248**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BROOKS, HERBERT MD**
 STREET ADDRESS **310 N. MADISON ST.**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SCHIROS, JUDY**
 STREET ADDRESS **5429 COLLEGE DRIVE**
 CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE Change Addition
 NAME **Long, William**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HALL, JOHN**
 STREET ADDRESS **1360 BRICKYARD RD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME **West, John**
 STREET ADDRESS **4250 Hospital Drive**
 CITY-ST-ZIP **Marianna, FL 32446**

TITLE Delete
 NAME **D GAY, JOSEPH MD**
 STREET ADDRESS **3025 6TH STREET**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Heather Saun*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/19/02

Daytime Phone #

CR2E037 (9/01)