2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# N99000006783

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

Current Principal Place of Business:

4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3663068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMAR, LISA G
4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHERREL, JOSEPH T MD
Address: 4316 5TH AVE.
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: CLEMMONS, JAMES MD
Address: P.O. BOX 741
City-St-Zip: CHIPLEY, FL 34248

Title: D ( ) Delete
Name: BROOKS, HERBERT MD
Address: 310 N. MADISON ST.
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete
Name: LONG, WILLIAM
Address: PO BOX 1608
City-St-Zip: MARIANNA, FL 32447

Title: D ( ) Delete
Name: WEST, JOHN
Address: 4250 HOSPITAL DR.
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: GAY, JOSEPH MD
Address: 3025 6TH STREET
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HAMPLE, DAVID
Address: 4250 HOSPITAL DR.
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SHERREL D 01/24/2006

Electronic Signature of Signing Officer or Director Date