

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006783

FILED  
Apr 07, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4349 LAFAYETTE STREET  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

4349 LAFAYETTE STREET  
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:**

HOLLISTER, ANNIE E  
4349 LAFAYETTE STREET  
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: HAMPLE, DAVID  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date