

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90039 022 ****70.00

DOCUMENT # N99000006783



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

90005579



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**2863 GREEN STREET
STE 2B
MARIANNA FL 32448**

Mailing Address
**2863 GREEN STREET
STE 2B
MARIANNA FL 32448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3663068**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**SAUN, HEATHER
2863 GREEN STREET, STE 2B
MARIANNA FL 32448**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Heather Saun* **HEATHER SAUN, DEPUTY DIRECTOR** **1-6-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D SHERREL, JOSEPH T MD	<input type="checkbox"/> Delete
STREET ADDRESS	4316 5TH AVE.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE NAME	D CLEMMONS, JAMES MD	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 741 N/A	
CITY-ST-ZIP	CHIPLEY FL 34248	
TITLE NAME	D BROOKS, HERBERT MD	<input type="checkbox"/> Delete
STREET ADDRESS	310 N. MADISON ST.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE NAME	D LONG, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	5429 COLLEGE DRIVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE NAME	D WEST, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	4250 HOSPITAL DR.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE NAME	D GAY, JOSEPH MD	<input type="checkbox"/> Delete
STREET ADDRESS	3025 6TH STREET	
CITY-ST-ZIP	MARIANNA FL 32446	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John West* **John West** **1-17-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)