

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 27 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16075

1. Corporation Name

PHYSICIAN AND HOSPITAL PRACTICES, INC.

Principal Place of Business

4500 SAN PABLO RD.
JACKSONVILLE FL 32224

Mailing Address

4500 SAN PABLO RD.
JACKSONVILLE FL 32224



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/28/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

93-0926631

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, JOANNE L.

4500 SAN PABLO ROAD

JACKSONVILLE FL 32224-8865

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	WALTERS, ROBERT M	1.2 NAME	Black, Leo F. M.D.
STREET ADDRESS	4500 SAN PABLO RD.	1.3 STREET ADDRESS	4500 San Pablo Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	D	2.1 TITLE	
NAME	SAFFORD, ROBERT E. (M.D.)	2.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	
NAME	BOLLING, DAVID B.	3.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JONES, ARTHUR D	4.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	V
NAME	READ, LARRY J	5.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	S
NAME	STRUSS, MARIA	6.2 NAME	
STREET ADDRESS	4500 SAN PABLO RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PHYSICIAN AND HOSPITAL PRACTICES, INC.
1999 Annual Report
Document II N16075
Blocks 12 and 13
Officers and Directors
Attachment A

D P
Cortese, Denis
4500 San Pablo Road
Jacksonville, FL 32224

D VP
Walters, Robert
4500 San Pablo Road
Jacksonville, FL 32224

D S
Struss, Maria
4500 San Pablo Road
Jacksonville, FL 32224

T
Bolling, David
4500 San Pablo Road
Jacksonville, FL 32224

D
Jones, Arthur
4500 San Pablo Road
Jacksonville, FL 32224

D
Safford, Robert
4500 San Pablo Road
Jacksonville, FL 32224

2



Mayo Clinic Jacksonville
4500 San Pablo Road
Jacksonville, Florida 32224
904-953-2000

October 22, 1999

3

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 1999 Corporation Annual Report for Mayo Clinic Jacksonville (a non-profit corporation)
Document # N95000002858 and Physician and Hospital Practices, Inc.
Document # N16075

Dear Tyrone:

In followup to our phone conversation, enclosed are corrected copies of the above-noted annual reports (corrections were made on an attachment to avoid confusion). Please be advised that neither Mayo Clinic Jacksonville nor Physician and Hospital Practices received the May 21, 1999, notification from the Division of Corporations that the Annual Reports were filed in error. This is why corrected annual reports were not filed prior to this correspondence. It appears that a Mayo representative, in error, determined that all directors should be deleted unless they were also an officer. This resulted in the errant filing.

In accordance with our conversation and as a result of the fact that Mayo never received the Division of Corporation's May 21, 1999, correspondence, please accept the corrected annual report filings, and also please waive any late fees related to these filings. If you have any questions regarding this matter, or if there are any issues of concern with the corrected annual reports, please contact me and I will promptly respond.

Sincerely,

A handwritten signature in dark ink, appearing to read "Stephen P. Nelson", with a long horizontal line extending to the right.

Stephen P. Nelson, J.D.
Legal Counsel

SPN/el

Enclosure

Cc: Robert Walters
David Bolling