


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90394 039 \*\*\*\*70.00

<b>DOCUMENT # N16075</b> 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 93-0926631	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARTIN, JOANNE L. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224-8865				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTLEY, GEORGE B 4500 SAN PABLO RD. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLEY, GEORGE B., M.D. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESUTTI, R. JOHN D 4500 SAN PABLO RD JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESUTTI, R. JOHN D.O. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, MARY 4201 BRIFEST RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFMAN, MARY 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLLING, DAVID B 4500 SAN PABLO DR. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, HAROLD 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTERS, ROBERT 4520 SAN PABLO RD JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, STEPHEN P 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTERS, ROBERT M. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D WALTERS, ROBERT M. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>David B Bolling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/2004 (904) 953-2172 <small>Date Daytime Phone #</small>		

24035112



03012004 Chg-NP CR2E037 (10/03)

Attachment  
24035112

# N16075

**PHYSICIAN HOSPITAL PRACTICES INC. (PHPI)  
OFFICERS/BOARD MEMBERS**

George B. Bartley, M.D.  
Robert M. Walters  
Mary J. Hoffman  
David B. Bolling  
R. John Presutti, D.O.  
Harold Huber  
Stephen P. Nelson

President, Director  
Vice President, Director  
Treasurer, Director  
Secretary, Director  
Director  
Director  
Director