

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90232 020 ****70.00

DOCUMENT # N16075

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**

50016857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
93-0926631

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

**MARTIN, JOANNE L.
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224-8865**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME BARTLEY, GEORGE B
STREET ADDRESS 4500 SAN PABLO RD.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☒ Addition
NAME **VPD Brigham, Robert F.**
STREET ADDRESS **4500 San Pablo Road**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE D ☐ Delete
NAME PRESUTTI, R. JOHN D
STREET ADDRESS 4500 SAN PABLO RD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☒ Addition
NAME **D Nelson, Stephen P.**
STREET ADDRESS **4500 San Pablo Road**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE TD ☐ Delete
NAME HOFFMAN, MARY
STREET ADDRESS 4201 BELFORT RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BOLLING, DAVID B
STREET ADDRESS 4500 SAN PABLO DR.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME WALTERS, ROBERT
STREET ADDRESS 4520 SAN PABLO RD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUBER, HAROLD
STREET ADDRESS 4500 SAN PABLO ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert F. Brigham

Robert F. Brigham 4/25/06

(904) 953-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #