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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001888 (7)**

1. Corporation Name

**PHYSICIAN HOSPITAL ORGANIZATION AT ST. ANTHONY'S
, INC.**

Principal Place of Business

**1200 SEVENTH AVE N
ST PETERSBURG FL 33705**

Mailing Address

**1200 SEVENTH AVE N
ST PETERSBURG FL 33705-1300**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

3. Date Incorporated or Qualified

04/27/1993

3a. Date of Last Report

03/13/1996

4. FEI Number

59-3184319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALLAH, ISAAC
1200 7TH AVE N
ST PETERSBURG FL 33705**

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

TITLE **PD** ☐ DELETE
NAME **PAONESSA, JEFFREY**
STREET ADDRESS **1201 5TH AVENUE #505**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VD** ☐ DELETE
NAME **SHUMAKER, REVONDA**
STREET ADDRESS **1200-7TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **SD** ☐ DELETE
NAME **REILLY, MICHAEL T. M.**
STREET ADDRESS **1201 FIFTH AVE N STE 401**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **TD** ☐ DELETE
NAME **MALLAH, ISAAC**
STREET ADDRESS **1200-7TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Brent Amey, M.D.**
1.3 STREET ADDRESS **1200-7th Ave N.**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Kevin M. Denny, M.D.**
2.3 STREET ADDRESS **1099 Fifth Avenue N.**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97
Date

813/870-4230
Daytime Phone # 0060065

CR2E037 (9/96)