

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000001888 1. Entity Name PHYSICIAN HOSPITAL ORGANIZATION OF SOUTH PINELLAS, INC.						FILED 07 APR -2 AM 11:04 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701				Mailing Address 701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent THORNTON, ROBERT W 701 6TH STREET SOUTH SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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)</small> <div style="float: right;">DATE _____</div>							
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, ROBERT M.D. 1301 5TH AVENUE NORTH ST PETERSBURG, FL 33705			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 900096371679 04/10/07--01046--017 **131.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete EGAN, THOMAS M.D. 1201 5TH AVENUE N., #509 ST PETERSBURG, FL 33705			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REILLY, MICHAEL M.D. 1201 FIFTH AVE N STE 401 ST PETERSBURG, FL 33705			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete THORNTON, ROBERT W 701 6TH STREET SOUTH ST PETERSBURG, FL 33701			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete BRADLEY, TERESA 1200-7TH AVENUE NORTH SAINT PETERSBURG, FL 33705			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete GORDON, MARK M.D. 601 7TH STREET SOUTH ST. PETERSBURG, FL 33701			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 W. Thornton, 3/9/07, 727.893.6698			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	