

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000001888

1. Entity Name
PHYSICIAN HOSPITAL ORGANIZATION OF SOUTH
PINELLAS, INC.



Principal Place of Business
701 6TH STREET SOUTH
SAINT PETERSBURG, FL 33701

Mailing Address
701 6TH STREET SOUTH
SAINT PETERSBURG, FL 33701



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3184319

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THORNTON, ROBERT W
701 6TH STREET SOUTH
SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, ROBERT M.D.
STREET ADDRESS 1301 5TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE PD
NAME EGAN, THOMAS M.D.
STREET ADDRESS 1201 5TH AVENUE N., #509
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE D
NAME REILLY, MICHAEL M.D.
STREET ADDRESS 1201 FIFTH AVE N STE 401
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE TD
NAME THORNTON, ROBERT W
STREET ADDRESS 701 6TH STREET SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE SD
NAME BRADLEY, TERESA
STREET ADDRESS 1200-7TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

TITLE VD
NAME GORDON, MARK M.D.
STREET ADDRESS 601 7TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 02/31/2008 727-893-6698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #