CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
VENICE PHYSICIAN ORGANIZATION, INC.

Mailing Address	Principal Place of Business
540 THE RIALTO	540 THE RIALTO
VENICE HOSPITAL	VENICE HOSPITAL
VENICE FL 34285	VENICE FL 34285

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: N/A

2. Mailing Address (21)
2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0452785 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NORMAN JACK A
540 THE RIALTO
VENICE HOSPITAL
VENICE FL 34285

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ Date _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Chairperson	11 TITLE	Director
12 NAME	Heather McCullough, M.D.	12 NAME	Armando Navarro, M.D.
13 STREET ADDRESS	209 Palermo Place	13 STREET ADDRESS	775 The Rialto
14 CITY-ST-ZIP	Venice, FL 34285	14 CITY-ST-ZIP	Venice, FL 34285
21 TITLE	Vice-Chairperson	21 TITLE	Director
22 NAME	C. Robert Mills	22 NAME	Robert Ross, M.D.
23 STREET ADDRESS	P.O. Box 1525	23 STREET ADDRESS	530 So. Nokomis Ave.
24 CITY-ST-ZIP	Venice, FL 34285	24 CITY-ST-ZIP	Venice, FL 34285
31 TITLE	President	31 TITLE	Director
32 NAME	Thomas Collins, M.D.	32 NAME	James H. Thompson
33 STREET ADDRESS	540 The Rialto	33 STREET ADDRESS	260 W. Dearborn St.
34 CITY-ST-ZIP	Venice, FL 34285	34 CITY-ST-ZIP	Englewood, FL 34223
41 TITLE	Secretary	41 TITLE	Director
42 NAME	Robert Kane, M.D.	42 NAME	Judith H. Wilcox
43 STREET ADDRESS	901 So. Tamiami Tr.	43 STREET ADDRESS	324 Sunrise Drive
44 CITY-ST-ZIP	Venice, FL 34285	44 CITY-ST-ZIP	Nokomis, FL 34275
51 TITLE	Treasurer	51 TITLE	Director
52 NAME	Michael Rolph	52 NAME	Jack A. Norman
53 STREET ADDRESS	540 The Rialto	53 STREET ADDRESS	540 The Rialto
54 CITY-ST-ZIP	Venice, FL 34285	54 CITY-ST-ZIP	Venice, FL 34285
61 TITLE	Director	61 TITLE	Executive Director
62 NAME	Sidney Holec, M.D.	62 NAME	Bruce L. Collison
63 STREET ADDRESS	436 So. Nokomis Ave.	63 STREET ADDRESS	540 The Rialto
64 CITY-ST-ZIP	Venice, FL 34285	64 CITY-ST-ZIP	Venice, FL 34205

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Bruce L. Collison 7/1/94 (813) 483-7411
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

Bruce L. Collison