FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 24 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005036 (9)

1. Corporation Name
VENICE PHYSICIAN ORGANIZATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 06/07/1994
4. FEI Number: 65-0452785 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)
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 ☐ **$68.75** Supplemental Fee Not Required
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
NORMAN, JACK A 540 THE RIALTO VENICE HOSPITAL VENICE FL 34285	81 Name: JON PREIKSAT 82 Street Address (P.O. Box Number is Not Acceptable): VEnice Physician Organization, Inc. 83: 540 The Rialto 84 City: Venice, FL 85 Zip Code: 34285

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: Jon Preiksat — Secretary — 5/5/95
JON PREIKSAT — Signature required for registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MCCULLOUGH, HEATHER	1.2 NAME	Miles, C. Robert
STREET ADDRESS	209 PALERMO PLACE	1.3 STREET ADDRESS	P.O. Box 1525 N/A 132
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34284-1525
TITLE	C	2.1 TITLE	C ☒ Change ☐ Addition
NAME	MILLS, C. ROBERT	2.2 NAME	Collins, Thomas E., M.D.
STREET ADDRESS	P. O. BOX 1525 N/A	2.3 STREET ADDRESS	540 The Rialto 133
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL 34285
TITLE	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	COLLINS, THOMAS	3.2 NAME	Rolph, Michael F.
STREET ADDRESS	540 THE RIALTO	3.3 STREET ADDRESS	540 The Rialto 130
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Venice, FL 34285
TITLE	S	4.1 TITLE	S ☐ Change ☒ Addition
NAME	KANE, ROBERT	4.2 NAME	Preiksat, Jon
STREET ADDRESS	901 SO. TAMIAMI TR.	4.3 STREET ADDRESS	540 The Rialto 134
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	Venice, FL 34285
TITLE	T	5.1 TITLE	T ☐ Change ☒ Addition
NAME	ROLPH, MICHAEL	5.2 NAME	Collison, Bruce
STREET ADDRESS	540 THE RIALTO	5.3 STREET ADDRESS	540 The Rialto 131
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice, FL 34285
TITLE	D	6.1 TITLE	VP ☒ Change ☐ Addition
NAME	HOLEC, SIDNEY	6.2 NAME	Holec, Sidney
STREET ADDRESS	436 SO. NOKOMIS AVE.	6.3 STREET ADDRESS	436 Nokomis Aven 135 5/16/28
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	Venice, FL 34285

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jon Preiksat — 5/5/95 — (813) 483-7871
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JON PREIKSAT

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N93-5036

VENICE PHYSICIANS ORGANIZATION

Title:	D	Addition
Name:	Navarro, Armando, M.D.	
Address:	1211 Jacaranda Blvd.	
City, ST-Zip:	Venice, FL 34292	

Title:	D	Addition
Name:	Fedako, Catherine, M.D.	
Address:	506 Nokomis Ave. South	
City, ST-Zip:	Venice, FL 34284	

Title:	D	
Name:	Judith H. Wilcox	Addition
Address:	324 Sunrise Drive	
City, ST-Zip:	Nokomis, FL 34275	

Title:	D	Addition
Name:	Jack A. Norman	
Address:	540 The Rialto	
City, ST-Zip:	Venice, FL 34285	