

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified  
**11/03/1993**

3a. Date of Last Report  
**05/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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**

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

**PREIKSAT, JON A  
VENICE PHYSICIAN ORGANIZATION, INC.  
540 THE RIALTO  
VENICE FL 34285**

81 Name

**Bruce L. Collison**

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 617.0502 and 617.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

*Bruce L. Collison*  
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 25, 1996*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **MILES, C. ROBERT**  
STREET ADDRESS **P.O. BOX 1525 N/A**  
CITY-ST-ZIP **VENICE FL 34284-1525**

1.1 TITLE **C** ☐ Change ☒ Addition  
1.2 NAME **KANE, ROBERT C. MD**  
1.3 STREET ADDRESS **901 Tamiami Trail South**  
1.4 CITY-ST-ZIP **Venice, FL 34285**

TITLE **P** ☐ DELETE  
NAME **ROLPH, MICHAEL F**  
STREET ADDRESS **540 THE RIALTO**  
CITY-ST-ZIP **VENICE FL 34285**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **PREIKSAT, JON**  
STREET ADDRESS **540 THE RIALTO**  
CITY-ST-ZIP **VENICE FL 34285**

3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **COLLISON, BRUCE L.**  
3.3 STREET ADDRESS **540 The Rialto**  
3.4 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** ☐ DELETE  
NAME **NAVARRO, ARMONDO MD**  
STREET ADDRESS **1211 JACARANDA BLVD**  
CITY-ST-ZIP **VENICE FL 34282**

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

TITLE **D** ☐ DELETE  
NAME **FEDAKO, CATHERINE MD**  
STREET ADDRESS **506 NOKOMIS AVE SOUTH**  
CITY-ST-ZIP **VENICE FL 34284**

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

TITLE **D** ☒ DELETE  
NAME **WILCOX, JUDITH H**  
STREET ADDRESS **324 SUNRISE DRIVE**  
CITY-ST-ZIP **NOKOMIS FL 34275**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **LASTOMIRSKY, ROBERT R. MD**  
6.3 STREET ADDRESS **740 The Rialto**  
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)(k), 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

*April 25, 1996*

(941) 483-7641

Daytime Phone #

CR2E037 (12/95)