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May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34285540 THE RIALTO
VENICE HOSPITAL
VENICE FL 34285-29003. Date Incorporated or Qualified
11/03/19933a. Date of Last Report
05/01/1996

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

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

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of 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 D ☒ DELETENAME MILES, C. ROBERT
STREET ADDRESS P.O. BOX 1525 N/A
CITY-ST-ZIP VENICE FL 34284-1525TITLE P ☐ DELETENAME ROLPH, MICHAEL F
STREET ADDRESS 540 THE RIALTO
CITY-ST-ZIP VENICE FL 34285TITLE S ☒ DELETENAME PREIKSAT, JON
STREET ADDRESS 540 THE RIALTO
CITY-ST-ZIP VENICE FL 34285TITLE D ☐ DELETENAME NAVARRO, ARMONDO MD
STREET ADDRESS 1211 JACARANDA BLVD
CITY-ST-ZIP VENICE FL 34292TITLE D ☐ DELETENAME FEDAKO, CATHERINE MD
STREET ADDRESS 508 NOKOMIS AVE SOUTH
CITY-ST-ZIP VENICE FL 34284TITLE D ☒ DELETENAME WILCOX, JUDITH H
STREET ADDRESS 324 SUNRISE DRIVE
CITY-ST-ZIP NOKOMIS FL 342751.1 TITLE ☐ Change ☒ Addition

1.2 NAME Robert Kane, M.D.

1.3 STREET ADDRESS 540 The Rialto

1.4 CITY-ST-ZIP Venice, FL 34285

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Roy Hess

2.3 STREET ADDRESS 540 The Rialto

2.4 CITY-ST-ZIP Venice, FL 34285

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Thomas Collins, M.D.

3.3 STREET ADDRESS 540 The Rialto

3.4 CITY-ST-ZIP Venice, FL 34285

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Michael F. Rolph

4.3 STREET ADDRESS 540 The Rialto

4.4 CITY-ST-ZIP Venice, FL 34285

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

941-483-6900

Date

Daytime Phone # 0064511

CR2E037 (9/96)