


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 540 THE RIALTO VENICE HOSPITAL VENICE FL 34285 | Mailing Address 540 THE RIALTO VENICE HOSPITAL VENICE FL 34285 |
|--|--|

3. Date Incorporated or Qualified

11/03/1993

4. FEI Number

65-0452785

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 **Robert P. Hebert**

82 Street Address (P.O. Box Number is Not Acceptable)
901 Venetia Bay Blvd., Suite 250

83

84 City **Venice**

FL

85 Zip Code **34292**

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 *Robert P. Hebert*
Signature, typed or printed name of registered agent and title if applicable.

Robert P. Hebert
(NOTE: Registered Agent signature required when reinstating)

1/7/98
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | KANE, ROBERT M | |
| STREET ADDRESS | 540 THE RIALTO | |
| CITY-ST-ZIP | VENICE FL | |

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | ROLPH, MICHAEL F | |
| STREET ADDRESS | 540 THE RIALTO | |
| CITY-ST-ZIP | VENICE FL 34285 | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HESS, ROY | |
| STREET ADDRESS | 540 THE RIALTO | |
| CITY-ST-ZIP | VENICE FL | |

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROLPH, MICHAEL F | |
| STREET ADDRESS | 540 THE RIALTO | |
| CITY-ST-ZIP | VENICE FL | |

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FEDAKO, CATHERINE MD | |
| STREET ADDRESS | 506 NOKOMIS AVE SOUTH | |
| CITY-ST-ZIP | VENICE FL 34284 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VCD | <input type="checkbox"/> DELETE |
| NAME | COLLINS, THOMAS M | |
| STREET ADDRESS | 540 THE RIALTO | |
| CITY-ST-ZIP | VENICE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------|--|
| 1.1 TITLE | VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|--|
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Robert P. Hebert | |
| 2.3 STREET ADDRESS | 901 Venetia Bay Blvd. Suite 250 | |
| 2.4 CITY-ST-ZIP | Venice FL 34292 | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|------------------------------|--|
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Armando Navarro, M.D. | |
| 4.3 STREET ADDRESS | 1211 Jacaranda Blvd | |
| 4.4 CITY-ST-ZIP | Venice, FL 34285 | |

| | | |
|--------------------|---------------------------------|--|
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Robert Lastomirsky, M.D. | |
| 5.3 STREET ADDRESS | 740 The Rialto | |
| 5.4 CITY-ST-ZIP | Venice, FL 34285 | |

| | | |
|--------------------|-----------|--|
| 6.1 TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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 *Robert P. Hebert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98 *(94) 1183-3433*
DATE

CR2E037 (10/97)