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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90014 018 \*\*\*\*61.25

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1. Corporation Name

VENICE PHYSICIAN ORGANIZATION, INC.

Principal Place of Business

THE RIALTO  
VENICE HOSPITAL  
VENICE FL 34285

Mailing Address

540 THE RIALTO  
VENICE HOSPITAL  
VENICE FL 34285



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/03/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0452785

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEBERT, ROBERT P  
901 VENITA BAY BLVD., SUITE 250  
540 THE RIALTO  
VENICE FL 34292

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ZIP	VCD KANE, ROBERT M 540 THE RIALTO VENICE FL	<input type="checkbox"/> DELETE
ST-ZIP	PD HEBERT, ROBERT P 901 VENETIA BAY BLVD SUITE 250 VENICE FL 34292	<input type="checkbox"/> DELETE
ST-ZIP	ST HESS, ROY 540 THE RIALTO VENICE FL	<input type="checkbox"/> DELETE
ST-ZIP	D NAVARRO, MD A 1211 JACARANDA BLVD VENICE FL 34285	<input type="checkbox"/> DELETE
ST-ZIP	D LASTOMIRSKY, MD R 740 THE RIALTO VENICE FL 32485	<input checked="" type="checkbox"/> DELETE
ST-ZIP	CD COLLINS, THOMAS M 540 THE RIALTO VENICE FL	<input checked="" type="checkbox"/> DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

Board Member -Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
540 The Rialto Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer Don Heinz 901 Venetia Bay Blvd, Suite 250 Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice-Chairman Jack Meyerhoff 540 The Rialto Venice, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Robert P. Hebert* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99  
Date

(941) 483-7872  
Daytime Phone #

CR2E037 (11/98)