

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005036

1. Entity Name

VENICE PHYSICIAN ORGANIZATION, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90001 008 ****61.25

Principal Place of Business

Mailing Address

540 THE RIALTO
 VENICE HOSPITAL
 VENICE FL 34285

540 THE RIALTO
 VENICE HOSPITAL
 VENICE FL 34285

ATTN: ACCT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0452785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name CYNTHIA A. SMITH

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

540 THE RIALTO

City VENICE

FL

Zip Code 34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Cynthia A. Smith

7-11-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BMD ☒ Delete
 NAME KANE, ROBERT M
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL

TITLE D ☐ Change ☒ Addition
 NAME HOLEC, SYDNEY M.D.
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE PD ☒ Delete
 NAME HEBERT, ROBERT P
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE D ☐ Change ☒ Addition
 NAME ERQUIAGA, EUGENIO M.D.
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE ST ☒ Delete
 NAME HESS, ROY
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL

TITLE P ☐ Change ☒ Addition
 NAME GULEY, MICHAEL
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE D ☐ Delete
 NAME NAVARRO, MD A
 STREET ADDRESS 1211 JACARANDA BLVD
 CITY-ST-ZIP VENICE FL 34285

TITLE D ☐ Change ☒ Addition
 NAME PICKHARDT, GEORGE
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE T ☒ Delete
 NAME HEINZ, DON
 STREET ADDRESS 901 VENETIA BAY BLVD., STE 250
 CITY-ST-ZIP VENICE FL 34292

TITLE T ☐ Change ☒ Addition
 NAME GREEN, JAMES
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE VC ☐ Delete
 NAME MEYERHOFF, JACK
 STREET ADDRESS 540 THE RIALTO
 CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2000

Date

941-483-7773

Daytime Phone #

CR2E037 (5/00)