

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005036

FILED
Apr 28, 2003
Secretary of State

Entity Name: VENICE PHYSICIAN ORGANIZATION, INC.

Current Principal Place of Business:

540 THE RIALTO
VENICE HOSPITAL
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

540 THE RIALTO
VENICE HOSPITAL
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0452785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLEC, SYDNEY MD
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: ERQUIRGA, EUGEND MD
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: P () Delete
Name: GULEY, MICHAEL
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: NAVARRO, MD A
Address: 1211 JACARANDA BLVD
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: WILDERMUTH, ROBERT
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: VC () Delete
Name: MEYERHOFF, JACK
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WILDERMUTH

T

04/28/2003

Electronic Signature of Signing Officer or Director

Date