

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005360

FILED  
Feb 27, 2007  
Secretary of State

**Entity Name:** SARASOTA MEMORIAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.

**Current Principal Place of Business:**

1700 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH ORANGE AVE.  
C/O J. HUGH MIDDLEBROOKS  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-0480667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKERSON, GARY  
1700 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

MIDDLEBROOKS, J. HUGH  
1700 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 US

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: J. HUGH MIDDLEBROOKS

02/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: REHMEYER, RICHARD  
Address: 1880 ARLINGTON ST #206  
City-St-Zip: SARASOTA, FL 34239

Title: DP ( ) Delete  
Name: HICKERSON, GARY  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DS ( ) Delete  
Name: FEATHERMAN, D. SCOTT MD  
Address: 1700 SOUTH TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DT ( ) Delete  
Name: ROLPH, MICHAEL  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: MACKENZIE, GWEN  
Address: 1700 SOUTH TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: HARRINGTON, MICHAEL  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP (X) Change ( ) Addition  
Name: BURNS, FRANK M.D.  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

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

Title: DT (X) Change ( ) Addition  
Name: VERINDER, DAVID  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

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 Chapter 119, 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: GWEN M. MACKENZIE

D

02/27/2007

Electronic Signature of Signing Officer or Director

Date