## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005360

FILED Mar 20, 2012 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1700 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239

**Current Mailing Address: New Mailing Address:** 

C/O J. HUGH MIDDLEBROOKS 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

FEI Number: 65-0480667 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CROSS STREET CORPORATE SERVICES, LLC 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

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:**

FEATHERMAN, M.D., D. SCOTT Name: Address: 1700 S. TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title:

Name: BURNS, M.D., FRANK Address: 1700 S. TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title: DVC

JEFFERSON, M.D., CHRISTOPHER Name: Address: 1700 SOUTH TAMIAMI TRAIL

City-St-Zip: SARASOTA, FL 34239

Title: DC

Name: VERINDER, DAVID Address: 1700 S. TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title: DT

Name: SETTLE, DIANE 1700 S. TAMIAMI TRAIL Address: SARASOTA, FL 34239 US City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DAVID VERINDER DC 03/20/2012