FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:18

DOCUMENT # N93000005627 (5)

1. Corporation Name
ENGLEWOOD PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
700 MEDICAL BLVD ENGLEWOOD FL 34223	POST OFFICE BOX 740035 LOUISVILLE KY 40201-7435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 11/04/1994
4. FEI Number: ~~APPLIED FOR~~ 35-1611050 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ONE PARK PLAZA	26 PO BOX 570
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. ATTN: TAX DEPT.
23 City & State: NASHVILLE TN	28 City & State: NASHVILLE TN
24 Zip: 37203 25 Country	29 Zip: 37202 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP. SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 33201

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C	☒ Change ☐ Addition
NAME	BARON, JACK	12 NAME	TODD CHACE, D.O.	
STREET ADDRESS	700 MEDICAL BLVD.	13 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	ENGLEWOOD FL 34223	14 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	21 TITLE	VC	☒ Change ☐ Addition
NAME	BEHR, ALAN	22 NAME	DAVID CISLO, D.O.	
STREET ADDRESS	700 MEDICAL BLVD	23 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	ENGLEWOOD FL 34223	24 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	31 TITLE	S T	☒ Change ☐ Addition
NAME	CHACE, TODD	32 NAME	ALAN KNAPP, M.D.	
STREET ADDRESS	700 MEDICAL BLVD	33 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	ENGLEWOOD FL 34223	34 CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	CHIRILLO, JOSPEH D.O.	42 NAME		
STREET ADDRESS	700 MEDICAL BLVD	43 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	ENGLEWOOD FL 34223	44 CITY-ST-ZIP	NASHVILLE, TN 37203	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	CHIRILLO, JOSPEH JR.	52 NAME		
STREET ADDRESS	700 MEDICAL BLVD	53 STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	ENGLEWOOD FL 34223	54 CITY-ST-ZIP	NASHVILLE 37203	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	CISLO, DAVID D.O.	62 NAME		
STREET ADDRESS	700 MEDICAL BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 95
Date

615-320-2151
Daytime Phone #

0074295

N93-5627

Revised 10/17/94

ENGLEWOOD PHYSICIAN HOSPITAL ORGANIZATION, INC.

Todd Chace, D.O.	Chairman	700 Medical Boulevard Englewood, Florida 34223
David Cislo, D.O.	Vice Chairman	700 Medical Boulevard Englewood, Florida 34223
Alan Knapp, M.D.	Secretary and Treasurer	700 Medical Boulevard Englewood, Florida 34223
*Jack Baron, M.D.	Director	700 Medical Boulevard Englewood, Florida 34223
*Joseph Chirillo, Sr. D.O.	Director	700 Medical Boulevard Englewood, Florida 34223
*Joseph Chirillo, Jr. M.D.	Director	700 Medical Boulevard Englewood, Florida 34223
*Melinda Hart, M.D.	Director	700 Medical Boulevard Englewood, Florida 34223
*Gary Reynolds, M.D.	Director	700 Medical Boulevard Englewood, Florida 34223
*Lyle Vasher, D.P.M.	Director	700 Medical Boulevard Englewood, Florida 34223
*Patrice Dumas	Director	

*=Director