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Jun 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000005627 (5)

ENGLEWOOD PHYSICIAN HOSPITAL ORGANIZATION, INC.



Principal Place of Business

Mailing Address

ONE PARK PLAZA  
NASHVILLE TN 37203  
US

P O BOX 570  
ATTN: TAX DEPT  
NASHVILLE TN 37202-0570  
US

3. Date Incorporated or Qualified  
12/15/1993

3a. Date of Last Report  
11/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

PO Box 750

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Nashville TN

23

28

Zip

Country

37202

Country

USA

24

25

29

30

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83 8000002217318  
-06/19/97-01081-018

84 City

\*\*\*61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME CHACE, TODD DO  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE VC ☒ DELETE

NAME CISLO, DAVID DO  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE ST ☐ DELETE

NAME KNAPP, ALAN MD  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE D ☒ DELETE

NAME CHIRILLO, JOSPEH D.O.  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE D ☒ DELETE

NAME CHIRILLO, JOSPEH JR.  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE D ☒ DELETE

NAME CISLO, DAVID D.O.  
STREET ADDRESS 700 MEDICAL BLVD  
CITY-ST-ZIP ENGLEWOOD FL 34223

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VC Gary Reynolds, M.D. ☒ Change ☒ Addition  
50 Pathology Dept.  
700 Medical Blvd.  
Englewood, FL 34223

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ST Knapp, Alan M.D. ☒ Change ☐ Addition  
900 E. Pine St., Suite 214  
Englewood, FL 34223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D Lyle Vasher, DPM ☒ Change ☒ Addition  
1861 Placida Rd., Suite 103  
Englewood, FL 34223

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D Jack Baron M.D. ☒ Change ☒ Addition  
1885 Englewood Rd.  
Englewood, FL 34223

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D Terry Moore, CEO ☒ Change ☒ Addition  
700 Medical Blvd.  
Englewood, FL 34223

14. I do 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 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.

Terry L. Moore

CR2E037 (9/96)