


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005627 (5)**

1. Corporation Name

ENGLEWOOD PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

~~ONE PARK PLAZA~~
~~NASHVILLE TN 37203~~
~~US~~

~~P O BOX 570~~
~~NASHVILLE TN 37202~~
~~US~~



2. Principal Place of Business 21 700 Medical Blvd.	2a. M Address 26 700 Medical Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Englewood FL	City & State 28 Englewood FL
Zip 24 34223	Country 25 USA
Zip 29 34223	Country 30 USA

3. Date Incorporated or Qualified 12/15/1993	
4. FEI Number 35-1611050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C CHACE, TODD DO	1.2 NAME	Chace, Todd DO
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	2400 S. McCall Rd., Suites C-D
CITY - ST - ZIP	NASHVILLE TN	1.4 CITY - ST - ZIP	Englewood, FL 34224
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC REYNOLDS, GARY M.D.	2.2 NAME	
STREET ADDRESS	700 MEDICAL BLVD. C/O PATHOLOGY DEPT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST KNAPP, ALAN M.D.	3.2 NAME	
STREET ADDRESS	900 E. PINE ST., SUITE 214	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VASHER, LYLE D.PM	4.2 NAME	
STREET ADDRESS	1881 PLACIDA RD., SUITE 103	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BARON, JACK M.D.	5.2 NAME	
STREET ADDRESS	1885 ENGLEWOOD RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOORE, TERRY CEO	6.2 NAME	
STREET ADDRESS	700 MEDICAL BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077905

CR2E037 (10/97)