

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N94000001047 (9)

1. Corporation Name
**MEMORIAL OF TAMPA PHYSICIAN HOSPITAL ORGANIZATIO
N, INC.**

Principal Place of Business Mailing Address

2901 SWANN AVE. TAMPA FL 33609 **2901 SWANN AVE. TAMPA FL 33609**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1994** 3a. Date of Last Report **N/A**

4. FEI Number **applied for** 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

9. Name and Address of Current Registered Agent

**STOCKER, JOEL L
1221 BRICKELL AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Jack Dusenbery**

82 Street Address (P.O. Box Number Not Acceptable) **2901 Swann Ave.**

83

84 City **Tampa** FL 85 Zip Code **33609**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, WOODY N MD 1223 ROXEMERE RD. TAMPA FL 33629	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D John Carthy MD 2809 W. Waters Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORE, GARY A MD 2919 SWANN AVE., SUITE 203 TAMPA FL 33609	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Gilman Tyler MD 508 S. Habana, Suite 360 Tampa FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENTHORNE, KEITH 2901 SWANN AVE. TAMPA FL 33609	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	O John Lippelman, MD 2919 Swann Ave., Suite 203 Tampa FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADOLPHSON, CURTIS MD 508 S. HABANA AVE., SUITE 260 TAMPA FL 33609	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	O Jack Dusenbery 2901 Swann Ave. Tampa FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HANAN, MORRIS H MD 508 S. HABANA AVE., SUITE 260 TAMPA FL 33609	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	O John Mainieri 2901 Swann Ave. Tampa FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMAN, JAMES R DO 4212 S. MANHATTAN TAMPA FL 33611	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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: Jack Dusenbery Date: 2/13/95 (812) 877-6150

SIGNATURE AND TYPED OR PRINTED NAME OF NONOFFICER OR DIRECTOR Date Daytime (11/24)