

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90025 021 ****61.25

DOCUMENT # N94000002966

1. Entity Name

MANATEE PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

206 SECOND ST E
 BRADENTON FL 34208

206 SECOND ST E
 BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0538535

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, TAMARA
 206 SECOND STREET EAST
 BRADENTON FL 34208

Name: **Joelle Hennessey**
 Street Address (P.O. Box Number is Not Acceptable): **206 SECOND STREET EAST**
 City: **Bradenton** FL Zip Code: **34208**

8. 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: *Joelle Hennessey, managed Care Coordinator Jan 10, 2002*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD SAFF, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	206 SECOND ST E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME	CD FLYNN, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	206 2ND STREET E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME	TD CHRISTEN, JOHN PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	206 SECOND ST E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD Karen Sullivan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	206 second street EAST	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/10/02** Daytime Phone #: **941-745-7355**

CR2E037 (9/01)