

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2006
Secretary of State**

DOCUMENT# N94000002966

Entity Name: MANATEE PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

206 SECOND ST E
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

206 SECOND ST E
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-0538535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, TAMARA
206 SECOND STREET EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ORR, ROY
Address: 206 SECOND ST E
City-St-Zip: BRADENTON, FL 34208

Title: CD () Delete
Name: FLYNN, BRIAN
Address: 206 2ND STREET E.
City-St-Zip: BRADENTON, FL 34208

Title: TD () Delete
Name: CHRISTINE, GERALD
Address: 206 SECOND ST E
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD CHRISTINE

TD

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date