


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N94000002966 1. Entity Name MANATEE PHYSICIAN-HOSPITAL ORGANIZATION, INC.	
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Principal Place of Business 206 SECOND ST E BRADENTON, FL 34208	Mailing Address 206 SECOND ST EAST BRADENTON, FL 34208
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0538535	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEROW, MICHELE
 206 SECOND STREET EAST
 BRADENTON, FL 34208**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michele P. Lerow* DATE 3/13/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORR, ROY 206 SECOND ST E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOODY, CHISHOLM 206 SECOND ST EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTINE, GERALD 206 SECOND ST E BRADENTON, FL 34208
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 04/17/08-80033-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *MORRY CHISHOLM* DATE 3/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #