

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002966

FILED
Mar 27, 2009
Secretary of State

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 EAST
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:

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

Name and Address of New Registered Agent:

DESIMONE, KAREN L
206 SECOND STREET EAST
BRADENTON, FL 34208 US

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: KAREN L. DESIMONE

03/27/2009

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: MOODY, CHISHOLM
Address: 206 SECOND ST EAST
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: SD (X) Change () Addition
Name: ORR, ROY
Address: 206 SECOND ST EAST
City-St-Zip: BRADENTON, FL 34208

Title: CD (X) Change () Addition
Name: CHISHOLM, MOODY
Address: 206 SECOND ST EAST
City-St-Zip: BRADENTON, FL 34208

Title: TD (X) Change () Addition
Name: FLETCHER, RICHARD
Address: 206 SECOND ST EAST
City-St-Zip: BRADENTON, FL 34208

I hereby certify that the information supplied with this filing does not qualify 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: ROY ORR

SD

03/27/2009

Electronic Signature of Signing Officer or Director

Date