

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002966

**FILED**  
**Jan 11, 2011**  
**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:**

DESIMONE, KAREN L  
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  
Name: FLETCHER, RICHARD  
Address: 206 SECOND ST EAST  
City-St-Zip: BRADENTON, FL 34208

Title: CD  
Name: DILALLO, KEVIN  
Address: 206 SECOND ST EAST  
City-St-Zip: BRADENTON, FL 34208

Title: TD  
Name: SULLIVAN, DAVID  
Address: 206 SECOND ST EAST  
City-St-Zip: BRADENTON, FL 34208

I hereby 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 all other like empowered.

SIGNATURE: KEVIN DILALLO

CD

01/11/2011

Electronic Signature of Signing Officer or Director

Date