

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90048 043 ****61.25

DOCUMENT # N95000001904

1. Corporation Name

SARASOTA MEMORIAL HOSPITAL CARDIOVASCULAR PHYSIC
IAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business

1700 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

1700 S. TAMiami TRAIL
SARASOTA FL 34239



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 P. O. Box 3258

Suite, Apt. #, etc.

27 Attn: J. Hugh Middlebrooks

City & State

28 Sarasota, FL

Zip

Country

29 34230-3258

30 USA

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

65-0631194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RISNER, PAUL E ESQ.
1700 S. TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name J. Hugh Middlebrooks, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.

83

84 City Sarasota

FL

85 Zip Code
34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME COVERT, MICHAEL H
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE VCD ☐ DELETE
NAME BEACHEY, DALE
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE CD ☐ DELETE
NAME SCHIRO, JOSEPH C M.D.
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE
NAME CRICK, WILLIAM F M.D.
STREET ADDRESS 2540 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34239

TITLE STD ☐ DELETE
NAME BERMUDEZ, EDWARD R M.D.
STREET ADDRESS 1950 ARLINGTON ST., #224
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael H. Covert, President

Date

Daytime Phone #

0068021

CR2E037-141/98