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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003509 (5)

1. Corporation Name

DOCTORS HOSPITAL PHYSICIAN-HOSPITAL ORGANIZATION
INC.

Principal Place of Business

5731 BEE RIDGE ROAD
SARASOTA FL 34233

Mailing Address

5731 BEE RIDGE ROAD
SARASOTA FL 34233-5056

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

62-1611872

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BLAU, KENNETH M.D.
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233TITLE D ☐ DELETE
NAME DIENER, HOWARD M.D.
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233TITLE D ☐ DELETE
NAME HERMANN, CECELIA M.D.
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233TITLE D ☐ DELETE
NAME NESTOR, ALBERT D.O.
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233TITLE D ☒ DELETE
NAME SACK, JEFFREY M.D.
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233TITLE D ☐ DELETE
NAME SCHWARTZBAUM, LERONARD M.D.
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME WILLIAM LIEVENSE
1.3 STREET ADDRESS 5731 BEE RIDGE RD
1.4 CITY-ST-ZIP SARASOTA, FL 342332.1 TITLE D ☐ Change ☒ Addition
2.2 NAME DAVIES, JAMES
2.3 STREET ADDRESS 5731 BEE RIDGE RD
2.4 CITY-ST-ZIP SARASOTA, FL 342333.1 TITLE D ☐ Change ☒ Addition
3.2 NAME BURNS, JAMES
3.3 STREET ADDRESS 5731 BEE RIDGE RD
3.4 CITY-ST-ZIP SARASOTA, FL 342334.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME HOFFER, RICHARD, MD
5.3 STREET ADDRESS 5731 BEE RIDGE RD
5.4 CITY-ST-ZIP SARASOTA, FL 342336.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-342-1135

CR2E037 (9/96)