


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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	Mailing Address
5731 BEE RIDGE ROAD SARASOTA FL 34233	5731 BEE RIDGE ROAD SARASOTA FL 34233

3. Date Incorporated or Qualified	07/25/1995
4. FEI Number	62-1611872
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D LIEVENSE, WILLIAM
STREET ADDRESS	5731 BEE RIDGE RD
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DIENER, HOWARD M.D.
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	D HERMANN, CECELIA M.D.
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	D NESTOR, ALBERT D.O.
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	D HOFFER, RICHARD MD
STREET ADDRESS	5731 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D DAVIES, JAMES
1.3 STREET ADDRESS	5731 Bee Ridge Rd
1.4 CITY-ST-ZIP	Sarasota, FL 34233
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Korff, Christopher
2.3 STREET ADDRESS	5731 Bee Ridge Rd
2.4 CITY-ST-ZIP	Sarasota, FL 34233
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Blau, Kenneth MD
3.3 STREET ADDRESS	5731 Bee Ridge Rd
3.4 CITY-ST-ZIP	Sarasota, FL 34233
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Hollen, Charles MD
4.3 STREET ADDRESS	5731 Bee Ridge Rd.
4.4 CITY-ST-ZIP	Sarasota, FL 34233
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Khoury, Suhail MD
5.3 STREET ADDRESS	5731 Bee Ridge Rd.
5.4 CITY-ST-ZIP	Sarasota, FL 34233
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ 94-342-1135

CR2E037 (10/97)