

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 5731 BEE RIDGE ROAD SARASOTA FL 34233 | Mailing Address 5731 BEE RIDGE ROAD SARASOTA FL 34233 |
|---|---|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 07/25/1995 | |
| 4. FEI Number 62-1611872 | Applied For Not Applicable |
| 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 | |

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

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 | 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 | D | <input type="checkbox"/> DELETE |
| NAME | LIEVENSE, WILLIAM | |
| STREET ADDRESS | 5731 BEE RIDGE RD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DIENER, HOWARD M.D. | |
| STREET ADDRESS | 5731 BEE RIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERMANN, CECELIA M.D. | |
| STREET ADDRESS | 5731 BEE RIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NESTOR, ALBERT D.O. | |
| STREET ADDRESS | 5731 BEE RIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOEFFER, RICHARD MD | |
| STREET ADDRESS | 5731 BEE RIDGE ROAD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> 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 | <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)