

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90172 026 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

62-1611872

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

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

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 DAVIES, JAMES
STREET ADDRESS 5731 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 3423

TITLE D ☒ DELETE
NAME KORFF, CHRISTOPHER
STREET ADDRESS 5731 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ DELETE
NAME BLAU, KENNETH MD
STREET ADDRESS 5731 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ DELETE
NAME HOLLEN, CHARLES MD
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ DELETE
NAME KHOURY, SUHAIL MD
STREET ADDRESS 5731 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Billings, Robert
1.3 STREET ADDRESS 5731 Bee Ridge Road
1.4 CITY-ST-ZIP Sarasota, FL 34233

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Nestor, Albert D.O.
2.3 STREET ADDRESS 5731 Bee Ridge Road
2.4 CITY-ST-ZIP Sarasota, FL 34233

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 D ☐ Change ☒ Addition
6.2 NAME Hoefer, Richard M.D.
6.3 STREET ADDRESS 5731 Bee Ridge Road
6.4 CITY-ST-ZIP Sarasota, FL 34233

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

1/20/99
Date

941-342-1135
Daytime Phone #

CR2E037 (11/98)