

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003509

1. Entity Name

DOCTORS HOSPITAL PHYSICIAN-HOSPITAL ORGANIZATION

Principal Place of Business

Mailing Address

5731 BEE RIDGE ROAD  
SARASOTA FL 34233

5731 BEE RIDGE ROAD  
SARASOTA FL 34233-5056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1611872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BILLINGS, ROBERT  
STREET ADDRESS 5731 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA FL 3423

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NESTOR, ALBERT D.O.  
STREET ADDRESS 5731 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOFER, RICHARD M.D.  
STREET ADDRESS 5731 BEE RIDGE RD.  
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ Change ☒ Addition  
NAME Droba, Arthur M.D.  
STREET ADDRESS 5731 Bee Ridge Rd.  
CITY-ST-ZIP Sarasota, FL 34233

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 941-342-1135



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)