

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90129 038 ****61.25

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03012005 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000003509 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1611872	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324-0000				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNETT, STEVEN	NAME			
STREET ADDRESS	1545 MOUND STREET	STREET ADDRESS			
CITY - ST - ZIP	SARASOTA, FL 34236	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESTOR, ALBERT D.O.	NAME			
STREET ADDRESS	5731 BEE RIDGE RD	STREET ADDRESS			
CITY - ST - ZIP	SARASOTA, FL 34233	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHENON, PHYLLIS	NAME			
STREET ADDRESS	5969 CATTERIDGE BLVD., #102	STREET ADDRESS			
CITY - ST - ZIP	SARASOTA, FL 34232	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOLLEN, CHARLES MD	NAME	D Andrew Marlowe, M.D.		
STREET ADDRESS	5731 BEE RIDGE ROAD	STREET ADDRESS	5462 Bee Ridge Rd Ste. 150		
CITY - ST - ZIP	SARASOTA, FL 34233	CITY - ST - ZIP	SARASOTA, FL 34233		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GROGG, STEVEN DO	NAME	D Kenneth Blau, M.D.		
STREET ADDRESS	1217 E. AVEUE S #201	STREET ADDRESS	5560 Bee Ridge Rd. Ste. D-3		
CITY - ST - ZIP	SARASOTA, FL 34233	CITY - ST - ZIP	SARASOTA, FL 34233		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Mr. Gary Searls, CFO DOCTORS HOSPITAL		
STREET ADDRESS		STREET ADDRESS	5731 Bee Ridge Rd.		
CITY - ST - ZIP		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:		3/01/05		(941) 342-1191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Gary D. Searls, CFO					