

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90024 048 \*\*\*\*61.25

**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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**FL**

Zip Code

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BILLINGS, ROBERT</b>	
STREET ADDRESS	<b>5731 BEE RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 3423</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NESTOR, ALBERT D.O.</b>	
STREET ADDRESS	<b>5731 BEE RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLAU, KENNETH MD</b>	
STREET ADDRESS	<b>5731 BEE RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLEN, CHARLES MD</b>	
STREET ADDRESS	<b>5731 BEE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KHOURY, SUHAIL MD</b>	
STREET ADDRESS	<b>5731 BEE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOUSSOU, ISSAM MD</b>	
STREET ADDRESS	<b>5731 BEE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steron Grogg, DO</b>	
STREET ADDRESS	<b>1217 S. Avenue S #201</b>	
CITY-ST-ZIP	<b>Sarasota FL 34233</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steron Burnett, MD</b>	
STREET ADDRESS	<b>1545 mound street</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34236</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Phyllis Stephenson</b>	
STREET ADDRESS	<b>5909 Cattleman Rd</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ROBERT E. BILLINGS 1/9/03 (941) 342-1192**

CR2E037 (10/02)