

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006783

1. Entity Name

PANHANDLE AREA PRACTITIONERS-HOSPITAL ORGANIZATI

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90183 048 \*\*\*\*70.00

0016699

Principal Place of Business  
2954-A PENN AVE.  
MARIANNA FL 32448

Mailing Address  
2954-A PENN AVE.  
MARIANNA FL 32448

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3663068**  
**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATHIS, CINDY  
2954-A PENN AVE.  
MARIANNA FL 32448

7. Name and Address of New Registered Agent

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHERREL, JOSEPH T MD	4316 5TH AVE.	MARIANNA FL 32446	
D	CLEMMONS, JAMES MD	P.O. BOX 741 N/A	CHIPLEY FL 32448	
D	BROOKS, HERBERT MD	310 N. MADISON ST.	BONIFAY FL 32425	
D	SCHIRO, JUDY	5429 COLLEGE DRIVE	GRACEVILLE FL 32440	
D	HALL, JOHN	1360 BRICKYARD RD	CHIPLEY FL 32428	
D	GAY, JOSEPH MD	3025 6TH STREET	MARIANNA FL 32446	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #

4/26/2001

CR2E037 (10/00)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 08-15-2000  
NUMBER OF THIS NOTICE: CP 575 F  
EMPLOYER IDENTIFICATION NUMBER: 59-3663068  
FORM: SS-4  
0716933154 0

X

Attachment

PANHANDLE AREA PRACTITIONERS-  
% LUCIA MAXWELL DIR  
2954A PENN AVE  
MARIANNA FL 32448

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN-59-3663068. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

PANHANDLE AREA PRACTITIONERS-  
HOPITAL ORGANIZATION  
% LUCIA MAXWELL DIR  
PAHW  
2954A PENN AVE  
MARIANNA FL 32448

If this information isn't correct, please correct it using page 2 of this notice. Return it to us at the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.