

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90160 007 ****70.00

DOCUMENT # N99000006783

1. Entity Name

**PANHANDLE AREA PRACTITIONERS-HOSPITAL ORGANIZATI
ON (PHO), INC.**

Principal Place of Business

Mailing Address

**2954-A PENN AVE.
MARIANNA FL 32448**

**2954-A PENN AVE.
MARIANNA FL 32448**

2. Principal Place of Business

3. Mailing Address

2863 Green Street

2863 Green Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2B

Suite 2B

City & State

City & State

Marianna, FL

Marianna, FL

Zip

Country

Zip

Country

32448

USA

32448

USA

4. FEI Number

59-3663068

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

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

Name

Saun, Heather

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

2863 Green Street, Suite 2B

City

Marianna, FL 32448

FL

Zip Code

32448

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 ☐ Delete
NAME **D SHERREL, JOSEPH T MD**
STREET ADDRESS **4316 5TH AVE.**
CITY-ST-ZIP **MARIANNA FL 32446**

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

TITLE ☐ Delete
NAME **D CLEMMONS, JAMES MD**
STREET ADDRESS **P.O. BOX 741 N/A**
CITY-ST-ZIP **CHIPLEY FL 34248**

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

TITLE ☐ Delete
NAME **D BROOKS, HERBERT MD**
STREET ADDRESS **310 N. MADISON ST.**
CITY-ST-ZIP **BONIFAY FL 32425**

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

TITLE ☐ Delete
NAME **D SCHIROS, JUDY**
STREET ADDRESS **5429 COLLEGE DRIVE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE ☒ Change ☐ Addition
NAME **Long, William**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D HALL, JOHN**
STREET ADDRESS **1360 BRICKYARD RD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☒ Change ☐ Addition
NAME **West, John**
STREET ADDRESS **4250 Hospital Drive**
CITY-ST-ZIP **Marianna, FL 32446**

TITLE ☐ Delete
NAME **D GAY, JOSEPH MD**
STREET ADDRESS **3025 6TH STREET**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ Change ☐ 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:

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

4/19/02
Date

Daytime Phone #

CR2E037 (9/01)