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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

'95 MAR -1 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000871 (5)

1. Corporation Name

**NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL OR
GANIZATION, INC.**

Principal Place of Business

Mailing Address

1100 NW 95TH ST.
MIAMI FL 33150-2098

1100 NW 95TH ST.
MIAMI FL 33150-2098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
02/02/1994

4. FEI Number
65-0385023

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACLAUCHLAN, STEVEN
1100 NW 95TH ST.
MIAMI FL 33150-2098**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LOFFREDO, MARCO B
STREET ADDRESS	1100 NW 95TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GERBER, PAUL U
STREET ADDRESS	1100 NW 95TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	ALDRICH, JUAN L
STREET ADDRESS	1100 NW 95TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	KNIGHT, DEWEY W JR
STREET ADDRESS	1100 NW 95TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	DAVIGLUS, GEORGE F
STREET ADDRESS	1100 NW 95TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CORIN, NORTON S
STREET ADDRESS	1100 NW 95TH ST.
CITY-ST-ZIP	MIAMI FL

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAFFER, MOHSIN	
1.3 STREET ADDRESS	1100 NW 95TH ST.	
1.4 CITY-ST-ZIP	MIAMI FL 33150	
2.1 TITLE	VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEUNG, GILBERT W	
2.3 STREET ADDRESS	1100 NW 95TH ST.	
2.4 CITY-ST-ZIP	MIAMI FL 33150	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SILBERT, ALAN M	
4.3 STREET ADDRESS	1100 NW 95TH ST.	
4.4 CITY-ST-ZIP	MIAMI FL 33150	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MACLAUCHLAN, STEVEN	
6.3 STREET ADDRESS	1100 NW 95TH ST.	
6.4 CITY-ST-ZIP	MIAMI FL 33150	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Steven MacLauchlan

STEVEN MACLAUCHLAN, PRESIDENT 2/9/95 (305)835-6119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #