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FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000871 (5)
 1. Corporation Name
NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL OR GANIZATION, INC.



Principal Place of Business 1100 NW 95TH ST. MIAMI FL 33150-2098	Mailing Address 1100 NW 95TH ST. MIAMI FL 33150-2038
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 04/30/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0385023	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOBLACK, PETER E 1100 NW 95TH ST MIAMI FL 33150		81. Name GARDNER, DONALD F	
		82. Street Address (P.O. Box Number is Not Acceptable) 1100 NW 95TH ST	
		83.	
		84. City MIAMI	85. Zip Code FL 33150-2098

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Donald F. Gardner, Jr.* DONALD F GARDNER 4/25/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	JAFFER, MOHSIN <input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	LEUNG, GILBERT W. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 NW 95TH ST.	1.2 NAME	1100 NW 95TH ST.
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	MIAMI FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VCD	KATHE, JOHN <input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 NW 95TH ST	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	ALDRICH, JUAN L <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	HEFFERNAN, WILLIAM J <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 NW 95TH ST.	3.2 NAME	1100 NW 95TH ST.
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	MIAMI FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	GOLDSMITH, MALCOLM G. <input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	WILLIAMS, HAROLD S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 NW 95TH ST	4.2 NAME	1100 NW 95TH ST
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	MIAMI FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	DAVIGLUS, GEORGE F <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	1100 NW 95TH ST.	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE P	GARDNER, DONALD F. <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	1100 NW 95TH ST.	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Donald F. Gardner, Jr.* DONALD F GARDNER, PRESIDENT 4/25/97 (305)835-6188

CR2E037 (9/96)