

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90150 027 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

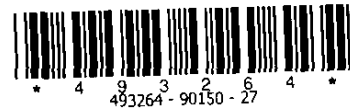


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N92000000871 (5)**

1. Corporation Name  
**NORTH SHORE MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.**

Principal Place of Business	Mailing Address
1100 N.W. 95TH STREET MIAMI, FL 33150-2098	1100 N.W. 95TH STREET MIAMI, FL 33150-2098



<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>3</b> 3. Date Incorporated or Qualified 12/17/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4</b> 4. FEI Number 65-0385023
City & State	City & State	Applied For Not Applicable
Zip	Country	<b>5</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>25</b>	<b>30</b>	<b>6</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

<b>9</b> 9. Name and Address of Current Registered Agent	<b>10</b> 10. Name and Address of New Registered Agent
D'AMICO, DAVID M. 1100 N.W. 95TH STREET MIAMI, FL 33150-2098	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<b>85</b> Zip Code FL

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 \_\_\_\_\_ (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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERT, ALAN M.	1.2 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150-2098	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOHN A.	2.2 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150-2098	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, KENNETH C.	3.2 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150-2098	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HAROLD S.	4.2 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150-2098	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIGLUS, GEORGE F.	5.2 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150-2098	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, DAVID M.	6.2 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150-2098	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: David M. D'Amico DAVID M. D'AMICO, PRESIDENT 4/21/99 (305) 835-6188  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)