

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000871

1. Entity Name

NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL OR

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90011 014 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0385023	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AMICO, DAVID M.
1100 NW 95TH ST
MIAMI FL 33150-2098**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 CD	<input checked="" type="checkbox"/> Delete	TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEUNG, GILBERT W		NAME SILBERT, ALAN M	
STREET ADDRESS 1100 NW 95TH ST		STREET ADDRESS 1100 NW 95TH ST	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP MIAMI FL 33150	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KATHE, JOHN		NAME BARRAU, CARMEL J	
STREET ADDRESS 1100 NW 95TH ST		STREET ADDRESS 1100 NW 95TH ST	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP MIAMI FL 33150	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISCHER, KENNETH C		NAME	
STREET ADDRESS 1100 NW 95TH ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33150		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, HAROLD S		NAME	
STREET ADDRESS 1100 NW 95TH ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIGLUS, GEORGE F		NAME	
STREET ADDRESS 1100 NW 95TH ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D'AMICO, DAVID M		NAME	
STREET ADDRESS 1100 NW 95TH ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33150		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: *David M. D'Amico* **DAVID M. D'AMICO, PRESIDENT, 3/20/00 305-835-6188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)