

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90031 019 ****61.25

A0049532

DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000871

1. Entity Name
 NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business
 1100 NW 95TH ST
 MIAMI, FL 33150-2098

Mailing Address
 1100 NW 95TH ST.
 MIAMI, FL 33150-2098

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
 65-0385023

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FREEHOF, LEONARD
 1100 NW 95TH ST
 MIAMI, FL 33150-2098

7. Name and Address of New Registered Agent

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 _____
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SILBERT, ALAN M	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BARRAU, CARMEL J	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, KENNETH C	
STREET ADDRESS	1100 NW 95th ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, HAROLD S	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIGLUS, GEORGE F	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	D'AMICO, DAVID M	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILL, MARGARET	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, SUSAN R	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEHOF, LEONARD	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI, FL 33150	

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:  **LEONARD FREEHOF, PRESIDENT, 3/27/01 305-835-6103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)