

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N92000000871**

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

FILED
 02 NOV 15 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
600009021756
 11/15/02--01051--001 **\$61.25

Principal Place of Business Mailing Address
1100 NW 95th Street **1100 NW 95th Street**
Miami, FL 33150-2098 **Miami, FL 33150**

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
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Freehof, Leonard
1100 NW 95th Street
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Silbert, Alan M. 1100 NW 95th Street Miami, FL 33150	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Fischer, Kenneth C. 1100 NW 95th Street Miami, FL 33150	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gill, Margaret 1100 NW 95th Street Miami, FL 33150	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Williams, Harold S. 1100 NW 95th Street Miami, FL 33150	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Susan R. 1100 NW 95th Street Miami, FL 33150	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Freehof, Leonard 1100 NW 95th Street Miami, FL 33150	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Kerndl 1100 NW 95th Street Miami, FL 33150	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Freehof, Pres. 11/05/02 305-835-6103

CR2E037 (11/00)