

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000973 (9)
1. Corporation Name
HIALEAH HOSPITAL PHO, INC.

Principal Place of Business Mailing Address
651 E 25TH STREET HIALEAH FL 33013

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/21/1992 05/01/1994

4. FEI Number Applied For
65-0384664 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LINTON, CHARLES B
651 E 25TH STREET
HIALEAH FL 33013**

10. Name and Address of New Registered Agent
81 Name **Bauer, Clifford**
82 Street Address (P.O. Box Number is Not Acceptable) **651 East 25th Street**
83
84 City **Hialeah** FL 85 Zip Code **33013**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE	-PD-
NAME	LINTON, CHARLES
STREET ADDRESS	651 EAST 25 STREET
CITY - ST - ZIP	HIALEAH FL 33013
TITLE	D
NAME	SNYDER, DAVID
STREET ADDRESS	651 EAST 25TH ST
CITY - ST - ZIP	HIALEAH FL 33013
TITLE	-D-
NAME	CAGADEMONT, ANDRES
STREET ADDRESS	651 EAST 25TH ST.
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	-D-
NAME	BLANGO, EMILIO
STREET ADDRESS	4900 WEST 10TH AVE.
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	-D-
NAME	CARRAS, GERARDO
STREET ADDRESS	6043 NW 107TH ST.
CITY - ST - ZIP	MIAMI FL 33015
TITLE	-D-
NAME	GLODDBERG, LEONARD MD
STREET ADDRESS	175 WESTWARD DR
CITY - ST - ZIP	MIAMI SPRINGS FL 33166

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Bauer, Clifford
1.3 STREET ADDRESS	651 East 25th Street
1.4 CITY - ST - ZIP	Hialeah, Florida 33013
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P Alvarez, Jorge
3.3 STREET ADDRESS	651 East 25th Street
3.4 CITY - ST - ZIP	Hialeah, FL 33013
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DC Economides, Christopher
4.3 STREET ADDRESS	651 East 25th Street
4.4 CITY - ST - ZIP	Hialeah, Florida 33013
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D West, Arthur B.
5.3 STREET ADDRESS	651 East 25th Street
5.4 CITY - ST - ZIP	Hialeah, FL 33013
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 affidavit.

SIGNATURE: *[Signature]* DATE: **4/28/95** NUMBER: **305-835-4240**