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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N92000000973

1. Corporation Name
HIALEAH HOSPITAL PHO, INC.

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

Mailing Address
**651 E 25TH STREET
 HIALEAH FL 33013**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0384664	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAUER, CLIFFORD 651 EAST 25TH STREET HIALEAH FL 33013				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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]* DATE: **1/21/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BAUER, CLIFFORD		1.2 NAME	Robert McDaniel	
STREET ADDRESS	651 EAST 25TH STREET		1.3 STREET ADDRESS	651 E. 25th St.	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE	SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ECONOMIDES, CHRISTOPHER		2.2 NAME	BAUER, Clifford	
STREET ADDRESS	651 E 25TH ST		2.3 STREET ADDRESS	651 EAST 25th Street	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WEST, ARTHUR B		3.2 NAME		
STREET ADDRESS	651 E 25TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: *[Signature]* DATE: **1/25/99** DAYTIME PHONE #: **305 835-4250**

CR2E037 (11/98)