

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON DR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000000218 (7)

1. Corporation Name

FLORIDA MEDICAL CENTER PHYSICIAN HOSPITAL ORGANIZATION, INC.



Principal Place of Business 5000 W OAKLAND PK BLVD FT LAUDERDALE FL 33313 US	Mailing Address 17330 N.W. 7TH AVENUE SUITE 204 MIAMI FL 33169
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/14/1994	3a. Date of Last Report 03/21/1996
21	26	4. FEI Number 65-0470370	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent FLORIDA REGISTERED AGENTS INC. 100 S.E. 2ND STREET SUITE 3600 MIAMI FL 33131	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Edward Daver MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, MARK	1.2 NAME	5000 W. Oakland Park Blvd
STREET ADDRESS	5000 W OAKLAND PARK BLVD	1.3 STREET ADDRESS	Ft Lauderdale FL 33313
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Joel Frankel MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD, CHRISTOPHER	2.2 NAME	5000 W. Oakland Park Blvd
STREET ADDRESS	5000 W OAKLAND PK BLVD	2.3 STREET ADDRESS	Ft Lauderdale, FL 33313
CITY-ST-ZIP	FT LAUDERDALE FL 33313	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DENARVEZ, DENNY	3.2 NAME	
STREET ADDRESS	5000 W OAKLAND PK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	PINNAS, SUSAN	4.2 NAME	
STREET ADDRESS	17330 N.W. 7 AVENUE, SUITE 204	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	DAVIS, CHERYL	5.2 NAME	
STREET ADDRESS	5000 W OAKLAND PK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: _____ ORIGINAL REQUIRED

CR2E037 (4/97)