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1

CORPORATION
ANNUAL REPORT
1995



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

1995 MAY -1 AM 9:04

DOCUMENT # **N9400000859 (8)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
~~GOOD SAMARITAN PHYSICIAN HOSPITAL ORGANIZATION~~
~~ING. INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, INC.~~

Principal Place of Business Mailing Address
FLAGLER DRIVE AT PALM BEACH LAKES BLVD. W PALM BEACH FL 33401
FLAGLER DRIVE AT PALM BEACH LAKES BLVD. W PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1994	3a. Date of Last Report
4. FEI Number 65-0458571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	2b. 1309 N. Flagler Drive
22 City & State	27 City & State
23 Zip	28 West Palm Beach, FL
24 Country	29 33401
	30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BYRON, WILLIAM J~~
~~FLAGLER DRIVE AT PALM BEACH LAKES BLVD~~
~~W PALM BEACH FL 33401~~

81 Name **Valerie Goodwin Larcombe**
82 Street Address (P.O. Box Number is Not Acceptable)
1309 N. Flagler Drive
83 **at Palm Beach Lakes Blvd.**
84 City **West Palm Beach, FL** 85 Zip Code **33401**

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 *Valerie Goodwin Larcombe* **Valerie Goodwin Larcombe** 5-4-95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LIEDMAN, PAUL
STREET ADDRESS	FLAGLER DR AT PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL 33401
TITLE	D
NAME	BYRON, WILLIAM J
STREET ADDRESS	FLAGLER DR AT PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tommy Schectman, M.D.
1.3 STREET ADDRESS	1309 N. Flagler Drive
1.4 CITY - ST - ZIP	West Palm Beach, FL 33401
2.1 TITLE	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Denis Murphy, M.D.
2.3 STREET ADDRESS	1309 N. Flagler Drive
2.4 CITY - ST - ZIP	West Palm Beach, FL 33401
3.1 TITLE	SEE ATTACHED LIST FOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NAMES AND ADDRESSES OF
3.3 STREET ADDRESS	ADDITIONAL DIRECTORS
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100001492181
4.3 STREET ADDRESS	-05/17/95--01163--020
4.4 CITY - ST - ZIP	****155.00 ****155.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JA
6.3 STREET ADDRESS	5-1-95
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 119.07(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 and changed, or on an attachment with an address.

SIGNATURE: *Tommy Schectman* **Tommy Schectman** 5-4-95 4076506209
Signature typed or printed name of signing officer or director (Date) (Mailing Phone #)

②

**DIRECTORS OF INTRACOASTAL
PHYSICIAN HOSPITAL ORGANIZATION, INC.**

James Beattie, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

John Cooney, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Bruce Fishbane, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Paul Liebman, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Rudolph Scheerer, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Kenneth H. Cohen

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Jeffrey H. Kotzen, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Howard W. Watts

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Michael French

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Cindy Vanek

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Donald W. Goodwin, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401

Daniel M. Lichtstein, M.D.

1309 N. Flagler Drive
West Palm Beach, Florida 33401