

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1996 SEP -4 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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NONPROFIT CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # N94000000859 (8)
1. Corporation Name
INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business: FLAGLER DRIVE AT PALM BEACH LAKES BLVD. W PALM BEACH FL 33401
 Mailing Address: 1309 N. FLAGLER DR. WEST PALM BEACH FL 33401 US

2. Principal Place of Business: 21 5325 Greenwood Ave. Suite, Apt. #, etc. 22 305 City & State 23 West Palm Beach FL
 2a. Mailing Address: 26 5325 Greenwood Ave. Suite, Apt. #, etc. 27 305 City & State 28 West Palm Beach, FL
 Zip 24 33407 Country 25 U.S.A. Zip 29 33407 Country 30 U.S.A.

3. Date Incorporated or Qualified: 02/18/1994
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 65-0458571 Applied For: 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LARCOMBE, VALERIE G 1309 N. FLAGLER DR. AT PALM BEACH LAKES BLVD. W PALM BEACH FL 33401

10. Name and Address of New Registered Agent: 81 Name: Diana Rutland, Executive Director
 82 Street Address (P.O. Box Number is Not Acceptable): Intracoastal Physician Hospital Org., Inc.
 83 c/o 1309 N. Flagler Drive
 84 City: West Palm Beach, FL 85 Zip Code: 33401

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: Diana Rutland Diana Rutland, Executive Director August 26, 1996
 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: C	SCHECTMAN, TOMMY MD 1309 N. FLAGLER DR. W PALM BEACH FL 33401	1.1 TITLE: C	Kotzen, Jeffrey H. MD 5325 Greenwood Ave. Suite 305 West Palm Beach, FL 33407
TITLE: VC	MURPHY, DENIS M.D. 1309 N. FLAGLER DR. W PALM BEACH FL 33401	2.1 TITLE: P	Goodwin, Donald W. MD 5325 Greenwood Ave. Suite 305 West Palm Beach, FL 33407
TITLE: D	BEATTIE, JAMES 1309 N. FLAGLER DR. WEST PALM BEACH FL 33401	3.1 TITLE: S	Murphy, Denis M. MD 5325 Greenwood Ave. Suite 305 West Palm Beach, FL 33407
TITLE: D	COONEY, JOHN 1309 N. FLAGLER DR. W. PALM BEACH FL 33401	4.1 TITLE: T	Vanek, James E. MD 5325 Greenwood Ave. Suite 305 West Palm Beach, FL 33407
TITLE: D	FISHBANE, BRUCE 1309 N. FLAGLER DR. WEST PALM BEACH FL 33401	5.1 TITLE: D	Bland, Regina MD 5325 Greenwood Ave. Suite 305 West Palm Beach, FL 33407
TITLE: D	LIEBMAN, PAUL 1309 N. FLAGLER DR. WEST PALM BEACH FL 33401	6.1 TITLE: D	Dodson, David W. MD 5325 Greenwood Ave. Suite 305 West Palm Beach, FL 33407

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 if changed, or on an attachment with an address.

SIGNATURE: Diana A. Rutland July 12, 1996 (516) 882-6435
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 DIANA A. RUTLAND 0000731

CR2E037 (3/96)