

FILE NOW: FILING FEE IS \$61.25

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May 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
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DOCUMENT # N94000000859 (8)
1. Corporation Name
INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, IN C.



Principal Place of Business 5325 GREENWOOD AVE #305 WEST PALM BEACH FL 33407	Mailing Address 5325 GREENWOOD AVE #305 WEST PALM BEACH FL 33407-2452
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3. Date Incorporated or Qualified 02/18/1994	3a. Date of Last Report 09/04/1996
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21. Principal Place of Business 625 N. Flagler Drive	2a. Mailing Address 625 No. Flagler Drive
22. Suite, Apt. #, etc. Suite 508	27. Suite, Apt. #, etc. Suite 508
23. City & State West Palm Beach, FL	28. City & State West Palm Beach, FL
24. Zip 33401	29. Zip 33401
Country Palm Beach	30. Country Palm Beach

4. FEI Number 65-0458571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XXX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RUTLAND, DIANA
%INTRACOASTAL PHYSICIAN-HOSPITAL ORG., INC
1309 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name Jack Dennis	
82. Street Address (P.O. Box Number is Not Acceptable) 625 No. Flagler Drive	
83. Suite Suite 508	
84. City West Palm Beach	85. Zip Code FL 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: *[Signature]* DATE: **5/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	KOTZEN, JEFFREY H M.D.
STREET ADDRESS	5325 GREENWOOD AVE., SUITE 305
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, DONALD W M.D.
STREET ADDRESS	5325 GREENWOOD AVE., SUITE 305
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	S <input type="checkbox"/> DELETE
NAME	MURPHY, DENIS M M.D.
STREET ADDRESS	5325 GREENWOOD AVE., SUITE 305
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	T <input type="checkbox"/> DELETE
NAME	VANEK, JAMES E M.D.
STREET ADDRESS	5325 GREENWOOD AVE., SUITE 305
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> DELETE
NAME	BLAND, REGINA M.D.
STREET ADDRESS	5325 GREENWOOD AVE., SUITE 305
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> DELETE
NAME	DODSON, DAVID W M.D.
STREET ADDRESS	5325 GREENWOOD AVE., SUITE 305
CITY-ST-ZIP	WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeffrey H. Kotzen, M.D.
1.3 STREET ADDRESS	625 N. Flagler Drive, Suite 508
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Denis M. Murphy, M.D.
3.3 STREET ADDRESS	625 N. Flagler Drive, Suite 508
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James E. Vanek, M.D.
4.3 STREET ADDRESS	625 N. Flagler Drive, Suite 508
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Regina Bland, M.D.
5.3 STREET ADDRESS	625 N. Flagler Drive, Suite 508
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	David W. Dodson, M.D.
6.3 STREET ADDRESS	625 N. Flagler Drive, Suite 508
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401

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: *[Signature]* DATE: **5/1/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)