

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 625 N FLAGLER DR SUITE 508 W PALM BEACH FL 33401 US	Mailing Address 625 N FLAGLER DR SUITE 508 W PALM BEACH FL 33401 US
---	---

3. Date Incorporated or Qualified
02/18/1994

4. FEI Number
65-0458571

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 1309 N. Flagler Drive
22 City & State	27 City & State
23 Zip Country	28 West Palm Beach, FL
24 Zip Country	29 33401 30 Palm Beach

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DENNIS, JACK
625 N FLAGLER DR
SUITE 508
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name Phillip C. Dutcher
82 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive
83
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: *Phillip C. Dutcher* DATE: **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTZEN, JEFFREY H M.D.	1.2 NAME	
STREET ADDRESS	625 N FLAGLER DR, SUITE 508	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, DENIS M M.D.	2.2 NAME	David L. Liporace, D.O.
STREET ADDRESS	625 N FLAGLER DR SUITE 508	2.3 STREET ADDRESS	625 N. Flagler Drive, Suite 508
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANEK, JAMES E M.D.	3.2 NAME	900002515809
STREET ADDRESS	625 N FLAGLER DR SUITE 508	3.3 STREET ADDRESS	-05/07/98--01096--005
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	***1843.75
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAND, REGINA M	4.2 NAME	Phillip C. Dutcher
STREET ADDRESS	625 N FLAGLER DR, SUITE 508	4.3 STREET ADDRESS	1309 No. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, DAVID W M.D.	5.2 NAME	SEE ATTACHED FOR COMPLETE LIST
STREET ADDRESS	625 N FLAGLER DR, SUITE 508	5.3 STREET ADDRESS	OF BOARD OF DIRECTORS
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Frank Nask
STREET ADDRESS		6.3 STREET ADDRESS	1309 No. Flagler Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	West Palm Beach, FL 33401

14. I 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: *Phillip C. Dutcher* DATE: **4/30/98** **650-0207**

CR2E037 (10/97)

IPHO BOARD OF DIRECTORS 1998

**William R. Adkins, M.D.
3702 Broadway
West Palm Beach, FL 33407**

**David L. Liporace, D.O.
580 Village Blvd.
Suite # 210
West Palm Beach, FL 33409**

**Clay Baynham, M.D.
3401 PGA Blvd #500
Palm Beach Gardens, FL 33410**

**Frank Naak, Sr. V.P.
Intracoastal Health Systems, Inc.
1309 N. Flagler Drive
West Palm Beach, FL 33401**

**Antonio Court, M.D.
2260 Palm Beach Lakes Blvd.
Suite 213
West Palm Beach, FL 33409**

**Rudolph R. Scheerer, M.D.
808 N. Olive Avenue
West Palm Beach, FL 33401**

**David W. Dodson, M.D.
1411 N. Flagler Drive
Suite 7900
West Palm Beach, FL 33401**

**Richard D. Sulman, D.O.
927 45th Street
Suite 104
West Palm Beach, FL 33407**

**Phil Dutcher, President & CEO
Intracoastal Health Systems, Inc.
1309 N. Flagler Drive
West Palm Beach, FL 33401**

**James E. Vanek, M.D.
1411 N. Flagler Drive
Suite 4900
West Palm Beach, FL 33401**

**Glenn Englander, M.D.
1411 N. Flagler Drive
Suite 8700
West Palm Beach, FL 33401**

**Jeffrey H. Kotzen, M.D.
1411 N. Flagler Drive
Suite 7800
West Palm Beach, FL 33401**