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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90021 001 *1,485.00
 06-24-1999 90008 002 ****17.50

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000859

1. Corporation Name
INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, IN C.

Principal Place of Business
 625 N FLAGLER DR, SUITE 508
 WEST PALM BEACH FL 33401
 US

Mailing Address
 1309 NO. FLAGLER DRIVE
 WEST PALM BEACH FL 33401

579292-90008-2



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/18/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0458571	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DENNIS, JACK 1309 NO. FLAGLER DRIVE WEST PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
				West Palm Beach 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: 4/30/99

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 33401		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID L LIPORACE, D.O.		2.2 NAME		
STREET ADDRESS	625 N FLAGLER DR, SUITE 508		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP		
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		
STREET ADDRESS	625 N FLAGLER DR, SUITE 508		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIP C DUTYHER		4.2 NAME		
STREET ADDRESS	625 N FLAGLER DR, SUITE 508		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP		
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		
STREET ADDRESS	625 N FLAGLER DR, SUITE 508		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK NASK		6.2 NAME		
STREET ADDRESS	625 N FLAGLER DR, SUITE 508		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/30/99 DAYPHONE: 561 650 6223

CR2E037 (1/98)

JRS

N94000000859

579292-9008-2

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