

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90152 001 \*1,685.00

**DOCUMENT # N94000000859**

1. Entity Name

**INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, IN**

Principal Place of Business

Mailing Address

625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401  
 US

1309 NO. FLAGLER DRIVE  
 WEST PALM BEACH FL 33401-3406

2. Principal Place of Business

3. Mailing Address

5829 Corporate Way  
 Suite, Apt. #, etc.  
 Suite 103

Suite, Apt. #, etc.

City & State  
 West Palm Beach, FL

City & State

4. FEI Number

65-0458571

Applied For

Not Applicable

Zip  
 33407

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARCOMBE, VALERIE G  
 1309 NO. FLAGLER DRIVE  
 WEST PALM BEACH FL 33401

Name

Valerie G. Larcombe, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Akerman Senterfitt

777 S. Flagler Drive, Suite 900E

City

West Palm Beach, FL

FL

Zip Code  
 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Valerie G. Larcombe 4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME C  
 STREET ADDRESS KOTZEN, JEFFREY H M.D.  
 CITY-ST-ZIP 625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME S  
 STREET ADDRESS DAVID L LIPORACE, D.O.  
 CITY-ST-ZIP 625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME T  
 STREET ADDRESS VANEK, JAMES E M.D.  
 CITY-ST-ZIP 625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401

TITLE  Change  Addition  
 NAME T  
 STREET ADDRESS Michael Loscalzo  
 CITY-ST-ZIP 1309 N. Flagler Drive  
 West Palm Beach, FL 33401

TITLE  Delete  
 NAME D  
 STREET ADDRESS PHILLIP C DUTVHER  
 CITY-ST-ZIP 625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401

TITLE  Change  Addition  
 NAME D  
 STREET ADDRESS Daniel Lichtstein, M.D.  
 CITY-ST-ZIP 1309 N. Flagler Drive  
 West Palm Beach, FL 33401

TITLE  Delete  
 NAME D  
 STREET ADDRESS DODSON, DAVID W M.D.  
 CITY-ST-ZIP 625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS FRANK NASK  
 CITY-ST-ZIP 625 N FLAGLER DR, SUITE 508  
 WEST PALM BEACH FL 33401

TITLE  Change  Addition  
 NAME D  
 STREET ADDRESS Tommy J. Schechtman  
 CITY-ST-ZIP 1309 N. Flagler Drive  
 West Palm Beach, FL 33401

12. 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 report or supplemental 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 10 or (301) if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Lichtstein, M.D. 4/27/00 650 6201

Date

Daytime Phone #

CR2E037 (9/99)

**INTRACOASTAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.**  
*5829 Corporate Way, Suite 103, West Palm Beach, Florida 33407*  
*Telephone (561) 640-9755, Ext. 208 Facsimile (561) 640-5364*

N9400000859  
12080

**Board of Directors**

*Artenio L. Court, M.D.*  
*David W. Dodson, M.D.*  
*Glenn H. Englander M.D.*  
*Jeffrey H. Kotzen, M.D.*  
*Daniel Lichtstein, M.D.*  
*David L. Liporace, D.O.*  
*Michael Loscalzo*  
*Rudolph R. Scheerer, M.D.*  
*Tommy J. Schechtman, M.D.*  
*James E. Vanek, M.D.*