

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004180

1. Entity Name

MIAMI CHILDREN'S PHYSICIAN-HOSPITAL ORGANIZATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90176 001 ***420.00

Principal Place of Business

Mailing Address

3100 S.W. 62ND AVE.
 MIAMI FL 33155

3100 S.W. 62ND AVE.
 MIAMI FL 33155-3009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0627142

Applied For

Not Applicable

Zip

Country

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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 CD
 CARROLL, DAVID
 STREET ADDRESS 3100 S.W. 62ND AVE.
 CITY-ST-ZIP MIAMI FL 33155

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S
 RUB, BENNY M.D.
 STREET ADDRESS 1190 NW 95TH STREET, SUITE 409
 CITY-ST-ZIP MIAMI FL 33150

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 LIFSHITZ, MD F
 STREET ADDRESS 3100 S.W. 62ND AVE.
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME CD
 BAUER, CHRISTIAN M.D.
 STREET ADDRESS 3100 SW 62ND AVE.
 CITY-ST-ZIP MIAMI FL 33155

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID CARROLL* DAVID CARROLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 (305) 466-6511

Date

Daytime Phone #

CR2E037 (9/99)