

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Jun 08, 2005**  
**Secretary of State**

DOCUMENT# N95000004180

**Entity Name:** MIAMI CHILDREN'S PHYSICIAN-HOSPITAL ORGANIZATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0627142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: CARROLL, DAVID  
Address: 3100 S.W. 62ND AVE.  
City-St-Zip: MIAMI, FL 33155

Title: S      ( ) Delete  
Name: SUSSMANE, JEFFREY MD  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: T      ( ) Delete  
Name: BRENNAN, BARRY  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: D      ( ) Delete  
Name: ROZEK, THOMAS  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: CC      ( ) Delete  
Name: RESNICK, TREVOR J  
Address: 3100 SW 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD      (X) Change ( ) Addition  
Name: ALFARO, PEDRO  
Address: 3100 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. ROZEK

D

06/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date