


06 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 A
Secretary of State

DOCUMENT # N95000004180
 Entity Name
AMI CHILDREN'S PHYSICIAN-HOSPITAL ORGANIZATION, INC.



Principal Place of Business
 3100 S.W. 62ND AVE.
 MIAMI, FL 33155

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



04182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 65-0627142 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALFARO, PEDRO 3100 S.W. 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSSMANE, JEFFREY MD 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, BARRY 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZEK, THOMAS 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC RESNICK, TREVOR J 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000534891
 05/08/06-80032-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas Rozek EXT 2556
 CEO 4/20/06 (305) 666-6571
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #