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FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000871 (5)

1. Corporation Name

NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL OR  
GANIZATION, INC.



Principal Place of Business 1100 NW 95TH ST. MIAMI FL 33150-2098	Mailing Address 1100 NW 95TH ST. MIAMI FL 33150-2038
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified  
12/17/1992

3a. Date of Last Report  
04/30/1996

4. FEI Number  
65-0385023

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LOBLACK, PETER E~~  
~~1100 NW 95TH ST~~  
~~MIAMI FL 33150~~

81 Name GARDNER, DONALD F
82 Street Address (P.O. Box Number is Not Acceptable) 1100 NW 95TH ST
83
84 City MIAMI
85 Zip Code FL 33150-2098

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 *Donald F. Gardner, Jr.*

DONALD F GARDNER

4/25/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JAFFER, MOHSIN	
STREET ADDRESS	1100 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KATHE, JOHN	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALDRICH, JUAN L	
STREET ADDRESS	1100 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, MALCOLM G.	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIGLUS, GEORGE F	
STREET ADDRESS	1100 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARDNER, DONALD F.	
STREET ADDRESS	1100 NW 95TH ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEUNG, GILBERT W.	
1.3 STREET ADDRESS	1100 NW 95TH ST.	
1.4 CITY-ST-ZIP	MIAMI FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEFFERNAN, WILLIAM J	
3.3 STREET ADDRESS	1100 NW 95TH ST.	
3.4 CITY-ST-ZIP	MIAMI FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAMS, HAROLD S	
4.3 STREET ADDRESS	1100 NW 95TH ST	
4.4 CITY-ST-ZIP	MIAMI FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE *Donald F. Gardner, Jr.* DONALD F GARDNER, PRESIDENT 4/25/97 (305)835-6188

CR2E037 (9/96)