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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000871 (5)**

1. Corporation Name

NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**1100 NW 95TH ST.
MIAMI FL 33150-2098**

**1100 NW 95TH ST.
MIAMI FL 33150-2098**



3. Date Incorporated or Qualified

12/17/1992

4. FEI Number

65-0385023

Applied For

Not Applicable

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

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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

D'AMICO, DAVID M

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

1100 NW 95TH ST

83 **MIAMI**

84 City **MIAMI**

FL

85 Zip Code **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, 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

David M D'Amico

DAVID M D'AMICO

3/17/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **LEUNG, GILBERT W**
CITY-ST-ZIP **1100 NW 95TH ST
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KATHE, JOHN**
CITY-ST-ZIP **1100 NW 95TH ST
MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **HEFFERNAN, WILLIAM J**
CITY-ST-ZIP **1100 NW 95TH ST.
MIAMI FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T/D**
3.3 STREET ADDRESS **FISCHER, KENNETH C**
3.4 CITY-ST-ZIP **1100 NW 95TH ST
MIAMI FL 33150**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WILLIAMS, HAROLD S**
CITY-ST-ZIP **1100 NW 95TH ST
MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIGLUS, GEORGE F**
CITY-ST-ZIP **1100 NW 95TH ST.
MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **GARDNER, DONALD F.**
CITY-ST-ZIP **1100 NW 95TH ST.
MIAMI FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **P/D**
6.3 STREET ADDRESS **D'AMICO, DAVID M**
6.4 CITY-ST-ZIP **1100 NW 95TH ST
MIAMI FL 33150**

14. 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 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:

David M D'Amico

DAVID M. D'AMICO, PRESIDENT, 3/17/98 (305)835-6188

CR2E037 (10/97)