

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000871

1. Entity Name

NORTH SHORE MEDICAL CENTER PHYSICIAN HOSPITAL OR

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90011 014 ****61.25

Principal Place of Business

Mailing Address

1100 NW 95TH ST.
MIAMI FL 33150-2098

1100 NW 95TH ST.
MIAMI FL 33150-2038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0385023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'AMICO, DAVID M.
1100 NW 95TH ST
MIAMI FL 33150-2098

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 | CD | <input checked="" type="checkbox"/> Delete |
| NAME | LEUNG, GILBERT W | |
| STREET ADDRESS | 1100 NW 95TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KATHE, JOHN | |
| STREET ADDRESS | 1100 NW 95TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FISCHER, KENNETH C | |
| STREET ADDRESS | 1100 NW 95TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33150 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, HAROLD S | |
| 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 | PD | <input type="checkbox"/> Delete |
| NAME | D'AMICO, DAVID M | |
| STREET ADDRESS | 1100 NW 95TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33150 | |

| | | |
|----------------|------------------|--|
| TITLE | CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SILBERT, ALAN M | |
| STREET ADDRESS | 1100 NW 95TH ST | |
| CITY-ST-ZIP | MIAMI FL 33150 | |
| TITLE | VCD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARRAU, CARMEL J | |
| STREET ADDRESS | 1100 NW 95TH ST | |
| CITY-ST-ZIP | MIAMI FL 33150 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

David M. D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. D'AMICO, PRESIDENT, 3/20/00 305-835-6188

Date

Daytime Phone #

CR2E037 (9/99)