

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000871

1. Entity 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

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

FREEHOF, LEONARD
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SILBERT, ALAN M
1100 NW 95TH ST
MIAMI, FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
BARRAU, CARMEL J
1100 NW 95TH ST
MIAMI, FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FISCHER, KENNETH C
1100 NW 95th ST
MIAMI, FL 33150 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GILL, MARGARET
1100 NW 95TH ST
MIAMI, FL 33150 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILLIAMS, HAROLD S
1100 NW 95TH ST
MIAMI, FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIGLUS, GEORGE F
1100 NW 95TH ST
MIAMI, FL 33150 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAKER, SUSAN R
1100 NW 95TH ST
MIAMI, FL 33150 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
D'AMICO, DAVID M
1100 NW 95TH ST
MIAMI, FL 33150 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FREEHOF, LEONARD
1100 NW 95TH ST
MIAMI, FL 33150 ☐ Change ☒ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD FREEHOF, PRESIDENT, 3/27/01 305-835-6103

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90031 019 ****61.25

A0049532

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)