

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90074 028 ****61.25

DOCUMENT # N92000000871

1. Entity 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 33150-2098**

90004422



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0385023**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CD	SILBERT, ALAN M	1100 NW 95TH ST	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VCD	FISCHER, KENNETH C	1100 NW 95TH ST	MIAMI FL 33150	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	KERNDL, JOHN	1100 NW 95TH ST.	MIAMI FL 33150	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	WILLIAMS, HAROLD S	1100 NW 95TH ST	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BAKER, SUSAN R	1100 NW 95TH ST.	MIAMI FL 33150	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	FREEHOF, LEONARD	1100 NW 95TH ST.	MIAMI FL 33150	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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 REQUIRED

1/7/03

305-8356103