

**FILE NOW: FILING FEE IS \$61.25**

1-3

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000872 (3)**

1. Corporation Name  
**BAPTIST PHYSICIAN-HOSPITAL ORGANIZATION, INC.**



Principal Place of Business <b>8900 N. KENDALL DR. MIAMI FL 33176</b>	Mailing Address <b>6303 BLUE LAGOON DRIVE SUITE 225 MIAMI FL 33126</b>
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3. Date Incorporated or Qualified <b>12/17/1992</b>	3a. Date of Last Report <b>08/18/1995</b>
4. FEI Number <b>65-0394401</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent <b>ROSENTHAL, DANIEL 8900 N. KENDALL DR. MIAMI FL 33176</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D, P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSENTHAL, DANIEL</b>		1.2 NAME	
STREET ADDRESS <b>8900 N. KENDALL DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33176</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MESSING, FRED</b>		2.2 NAME	
STREET ADDRESS <b>8900 N. KENDALL DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33176</b>		2.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAWSON, RALPH</b>		3.2 NAME	
STREET ADDRESS <b>8900 N. KENDALL DR.</b>		3.3 STREET ADDRESS	<b>800001829168</b>
CITY-ST-ZIP <b>MIAMI FL 33176</b>		3.4 CITY-ST-ZIP	<b>-05/20/96--01041--020</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEELEY, BRIAN</b>		4.2 NAME	
STREET ADDRESS <b>8900 N. KENDALL DR.</b>		4.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP <b>MIAMI FL 33176</b>		4.4 CITY-ST-ZIP	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FELLER, MD. EDWARD J.</b>		5.2 NAME	
STREET ADDRESS <b>8525 S.W. 92ND STREET C-10</b>		5.3 STREET ADDRESS	<b>700001828819</b>
CITY-ST-ZIP <b>MIAMI FL 33156</b>		5.4 CITY-ST-ZIP	<b>-05/20/96--01001--020</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCARTHY, MD. MARTIN</b>		6.2 NAME	
STREET ADDRESS <b>8900 NORTH KENDALL DRIVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33176</b>		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dan Rosenthal Dan Rosenthal 4/29/96 305-596-1960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

N92000000872

ATTACHMENT TO  
CORPORATE ANNUAL  
REPORT 1996 2-3

BAPTIST PHYSICIAN-HOSPITAL ORGANIZATION, INC.  
MIAMI, FLORIDA

Name	Address
Daniel I. Rosenthal <b>President</b>	8900 North Kendall Drive Miami, FL 33176
Ralph E. Lawson <b>Treasurer</b>	8900 North Kendall Drive Miami, FL 33176
Brian E. Keeley	8900 North Kendall Drive Miami, FL 33176
Ana Lopez-Blazquez	8900 North Kendall Drive Miami, FL 33176
Jo Baxter	8900 North Kendall Drive Miami, FL 33176
Lee S. Huntley	8900 North Kendall Drive Miami, FL 33176
Fred M. Messing	8900 North Kendall Drive Miami, FL 33176

**BAPTIST PHYSICIAN-HOSPITAL ORGANIZATION, INC.  
MIAMI, FLORIDA**

Name	Address
Sergio M. Gonzalez-Arias, M.D. <b>Chairman</b>	8950 North Kendall Drive, #406 Miami, FL 33176
Edward J. Feller, M.D.	8525 S.W. 92 Street, #C-10 Miami, FL 33156
Martin P. Rothberg, M.D. <b>Secretary</b>	9049 S.W. 87 Court Miami, FL 33176
Lee M. Stapp, M.D.	8950 North Kendall Drive, #309 Miami, FL 33176
Steven Meyerson, M.D.	7800 S.W. 87 Avenue, #C300 Miami, FL 33173
Martin McCarthy, M.D.	8900 N. Kendall Drive, Anesthesiology Dept. Miami, FL 33176
David Hoffman, M.D.	8353 S.W. 124 Street, #201 Miami, FL 33156
Barry M. Siegel, D.O.	6910 North Kendall Drive Miami, FL 33156
Leonard Kalman, M.D.	7231 S.W. 63 Avenue Miami, FL 33143
John P. Christie, M.D.	6280 Sunset Drive Miami, FL 33143
Rosa M. Garcia, M.D.	10300 Sunset Drive, #430 Miami, FL 33173
Geoffrey N. James, M.D.	9595 North Kendall Drive Miami, FL 33176
George Tershakovec, M.D.	7000 S.W. 62 Avenue, #310 Miami, FL 33143
Ian Nisonson, M.D.	7800 S.W. 87 Avenue, #C350 Miami, FL 33173
Eric S. Smith, M.D.	9000 S.W. 87 Court, #108 Miami, FL 33176