

FILE NOW: FILING FEE IS \$61.25

1-3

NONPROFIT CORPORATION ANNUAL REPORT 1996		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 8900 N. KENDALL DR. MIAMI FL 33176	Mailing Address 6303 BLUE LAGOON DRIVE SUITE 225 MIAMI FL 33126
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3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 08/18/1995
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21. Principal Place of Business Suite, Apt. #, etc. 22	2a. Mailing Address Suite, Apt. #, etc. 26 15500 NEW BARN RD	27. City & State 27 MIAMI LAKES, FL	28. Zip 28 33014	29. Country 29 USA
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4. FEI Number 65-0394401	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROSENTHAL, DANIEL
 8900 N. KENDALL DR.
 MIAMI FL 33176**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, DANIEL	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MESSING, FRED	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAWSON, RALPH	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEELEY, BRIAN	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	FELLER, MD. EDWARD J.	
STREET ADDRESS	8525 S.W. 92ND STREET C-10	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, MD. MARTIN	
STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	800001829168	
3.4 CITY-ST-ZIP	-05/20/96--01041--020	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	***61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	700001828819	
5.4 CITY-ST-ZIP	-05/20/90--01001--020	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

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 President	8900 North Kendall Drive Miami, FL 33176
Ralph E. Lawson Treasurer	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. Chairman	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. Secretary	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