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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000872 (3)

1. Corporation Name

BAPTIST PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business

8900 N. KENDALL DR.
MIAMI FL 33176

Mailing Address

15500 NEW BARN RD.
#101
MIAMI LAKES FL 33014-2177



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0394401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ROSENTHAL, DANIEL
STREET ADDRESS 8900 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE

NAME MESSING, FRED
STREET ADDRESS 8900 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE DT ☐ DELETE

NAME LAWSON, RALPH
STREET ADDRESS 8900 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE

NAME KEELEY, BRIAN
STREET ADDRESS 8900 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ DELETE

NAME FELLER, MD. EDWARD J.
STREET ADDRESS 8525 S.W. 82ND STREET C-10
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ 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 ☐ Change ☒ Addition

1.2 NAME Lee S. Huntley
1.3 STREET ADDRESS Baptist Health Systems of So. Florida, Inc.
1.4 CITY-ST-ZIP 8900 North Kendall Drive
Miami, FL 33176

2.1 TITLE DC ☐ Change ☒ Addition

2.2 NAME Sergio M. Gonzalez-Arias, M.D.
2.3 STREET ADDRESS 8950 North Kendall Drive, #406
2.4 CITY-ST-ZIP Miami, FL 33176

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Steven Meyerson, M.D.
3.3 STREET ADDRESS 7800 S.W. 87 Avenue, #C300
3.4 CITY-ST-ZIP Miami, FL 33173

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Lee M. Stapp, M.D.
4.3 STREET ADDRESS 8900 North Kendall Drive
4.4 CITY-ST-ZIP Miami, FL 33176

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E87 (9/96)