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NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Oct 08 1998 8:00am Secretary of State

DOCUMENT # N92000000872 (3)

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

2. Principal Name of Business: 21 State, Apt #, etc. 22 City & State 23 Zip Country 24 2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 9. Name and Address of Current Registered Agent: ROSENTHAL, DANIEL 8900 N. KENDALL DR. MIAMI FL 33176

3. Date Incorporated or Qualified: 12/17/1992 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 7. Is this nonprofit corporation a homeowners association? [] Yes [] No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No 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 85

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: Dan Rosenthal

(NOTE: If a Registered Agent Signature is Required on this filing)

4/17/98 DATE

12. OFFICERS AND DIRECTORS: 1. TITLE: DP NAME: ROSENTHAL, DANIEL STREET ADDRESS: 8900 N. KENDALL DR. CITY, ST, ZIP: MIAMI FL 33176 2. TITLE: D NAME: MESSING, FRED STREET ADDRESS: 8900 N. KENDALL DR. CITY, ST, ZIP: MIAMI FL 33176 3. TITLE: DT NAME: LAWSON, RALPH STREET ADDRESS: 8900 N. KENDALL DR. CITY, ST, ZIP: MIAMI FL 33176 4. TITLE: D NAME: KEELEY, BRIAN STREET ADDRESS: 8900 N. KENDALL DR. CITY, ST, ZIP: MIAMI FL 33176 5. TITLE: D NAME: HUNTLEY, LEE S STREET ADDRESS: 8900 NORTH KENDALL DRIVE CITY, ST, ZIP: MIAMI FL 6. TITLE: DC NAME: GONZALEZ-ARIAS, SERGIO M MD STREET ADDRESS: 8950 NORTH KENDALL DRIVE #406 CITY, ST, ZIP: MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE: D P S 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY, ST, ZIP: 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY, ST, ZIP: 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, ST, ZIP: 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, ST, ZIP: 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, ST, ZIP: 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY, ST, ZIP:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 4/17/98 305-273-2557

CR2E037 (10/97)

Baptist Physician-Hospital Organization, Inc.

D Addition
Lee M. Stapp, M.D.
8900 N. Kendall Drive
Miami, FL 33176

D Addition
Steven Meyerson, M.D.
7800 S.W. 87 Avenue, #C300
Miami, FL 33173

D Addition
John P. Christie, M.D.
8950 N. Kendall Drive, #301
Miami, FL 33176