

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 24 1998 8:00am
Secretary of State

DOCUMENT # N93000000114 (9)

1. Corporation Name

Memorial Physician Hospital Organization, Inc.

Principal Place of Business

Mailing Address

Physician's Memorial Hospital Organization
3411 Johnson St.
Hollywood FL 33021

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6517 Taft Street

Suite, Apt. #, etc.

22

City & State

23 Hollywood FL

Zip

24 33024

Country

25 Broward

2a. Mailing Address

26 6517 Taft Street

Suite, Apt. #, etc.

27

City & State

28 Hollywood, FL

Zip

29 33024

Country

30 Broward

3. Date Incorporated or Qualified

01/11/1993

4. FEI Number

65-0416487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Walden, Clarke
3501 Johnson St.
Hollywood FL 33021

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 607.0502 and 607.1508, 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 607.0505, 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 NAME ☐ DELETE

D Sacco, Frank
3501 Johnson Street
Hollywood, FL 33021

TITLE NAME ☒ DELETE

D Evenson, Steve J
3501 Johnson Street
Hollywood FL 33021

TITLE NAME ☐ DELETE

D Rappoport, Bruce
3501 Johnson Street
Hollywood, FL 33021

TITLE NAME ☐ DELETE

D Davis, Woody
3501 Johnson Street
Hollywood, FL 33021

TITLE NAME ☒ DELETE

D Flory, Patricia
3501 Johnson Street
Hollywood, FL 33021

TITLE NAME ☐ DELETE

D Ross, Jeff
3501 Johnson Street
Hollywood, FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

D CRUDELE, JEFFREY T.
3501 JOHNSON STREET
HOLLYWOOD, FL 33021

D HETLAGE, C. KENNETH
3501 JOHNSON STREET
HOLLYWOOD, FL 33021

200002571000
-06/24/98-0053-017
***E.L.S.

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4-30-98