

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90013 018 ****61.25

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1. Corporation Name

MEMORIAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

6517 TAFT STREET
HOLLYWOOD FL 33024
US

Mailing Address

6517 TAFT STREET
HOLLYWOOD FL 33024
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WALDEN, CLARKE
3501 JOHNSON ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 D
NAME SACCO, FRANK V
STREET ADDRESS 3501 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ DELETE

TITLE D
NAME CRUDELE, JEFFREY T
STREET ADDRESS 3501 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ DELETE

TITLE D
NAME RAPPOPORT, BRUCE
STREET ADDRESS 3501 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ DELETE

TITLE D
NAME DAVIS, WOODY
STREET ADDRESS 3501 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ DELETE

TITLE D
NAME HETLAGE, KENNON C
STREET ADDRESS 3501 JOHNSON STET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ DELETE

TITLE D
NAME ROSS, ZEFF
STREET ADDRESS 3501 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME MARKS, STANLEY
1.3 STREET ADDRESS 3501 JOHNSON STREET
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE D
3.2 NAME JOHN A BENZ
3.3 STREET ADDRESS 3501 JOHNSON STREET
3.4 CITY-ST-ZIP Nollywood, FL 33021 ☐ Change ☐ Addition

4.1 TITLE D
4.2 NAME ~~DAVIS~~ Piriz
4.3 STREET ADDRESS 3501 Johnson street
4.4 CITY-ST-ZIP Hollywood, FL 33021 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SECURED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/98 (954) 985-2360
Date Daytime Phone # 042362

CR2E037 (1/98)