

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000114

1. Entity Name

MEMORIAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90057 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6517 TAFT STREET  
HOLLYWOOD FL 33024  
US

6517 TAFT STREET  
HOLLYWOOD FL 33024-4008  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0416487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WALDEN CLARKE~~ Barber, Gary  
3501 JOHNSON ST. 1011 N. 35 Avenue  
HOLLYWOOD FL 33021 Hollywood, FL 33021

Name **Gary Barber**

Street Address (P.O. Box Number is Not Acceptable)  
**1011 N. 35th Avenue**

City **Hollywood**

FL

Zip Code  
**33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Gary S. Barber, Registered Agent**

**January 31, 2000**

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Stanley Marks, MD** ☐ Change ☒ Addition  
NAME **3501 Johnson Street**  
STREET ADDRESS **Hollywood, FL 33021**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BENZ, JOHN A**  
STREET ADDRESS **3501 JOHNSON ST.**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PIRIZ, J**  
STREET ADDRESS **3501 JOHNSON STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HETLAGE, KENNON C**  
STREET ADDRESS **3501 JOHNSON STRET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank V. Sacco, CEO, Memorial Healthcare System**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)