



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90386 008 ****61.25

DOCUMENT # N93000000114 1. Entity Name MEMORIAL PHYSICIAN HOSPITAL ORGANIZATION, INC.					
Principal Place of Business 2900 CORPORATE WAY HOLLYWOOD, FL 33025 US				Mailing Address 2900 CORPORATE WAY HOLLYWOOD, FL 33025 US	
2. Principal Place of Business 2900 Corporate Way Suite, Apt. #, etc.		3. Mailing Address 2900 Corporate Way Suite, Apt. #, etc.			
City & State Miramar, Florida		City & State Miramar, Florida		4. FEI Number 65-0416487	
Zip 33025		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBER, GARY 1011 N 35TH AVENUE HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACCO, FRANK V 3501 JOHNSON ST. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUHART, MATTHEW 3501 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENZ, JOHN A 3501 JOHNSON ST. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIRIZ, J 3501 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETLAGE, KENNON C 3501 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, ZEFF 3501 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
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.				Date 03/17/04 Daytime Phone # 954-985-2362	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="text-align: center; margin-top: 10px;"> JESSICA BLACK </div>					