## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Suite, Apt. 6, old.    Suite, Apt. 6, old.   Suite, Apt. 6, old.   Suite, Apt. 6, old.   Suite, Apt. 6, old.   Suite, Apt. 6, old.   Applied For	Mailing Address   Substitution   S	1. Entity Nam	MENT # N9300000 al physician hospital		I, INC.			04-05-200	)4 90386 008		51.25
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Miramar, Florida	Miramar   Florida	City & Stat	e	City & State	•				<u> </u>	<u> </u>	plied For
8. The above named entity submits this statement for the purpose of changing its registered Agent some of registered agent, or both, in the State of Florida. I am familiar with, and accept the childrations of registered agent and the flagolicable.    City   FL   Zip Code	Supplemental Address of Current Registered Agent	-		1 '	1			87			
BARBER, GARY 1011 N 33Th AVENUE HOLLYWOOD, FL 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. I am familiar with, and acceptable)  Filling Fee is \$61.25  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TILL  DATE  OFFICERS AND DIRECTORS IN 11.  SETERI AUGRESS CITY-S1-2P  HOLLYWOOD, FL 33021  TILL  DATE  Delete  Delete  TILL  DATE  Delete  DELET TILL  DATE  DELET TILL  DEL	S. Name and Address of Current Registered Agent   Same	,	1 -	•		•	5. Certificate of S	Status Desired			
BARBER, GARY 1011 N 3511 A VENUE HOLLYWOOD, FL 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. I am I amiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature, Need or private range of registered agent agent and the l'applicable. (MOTE Registered Agent seques when remarked)   SERIA JURIS   DUATE	Addition   State   Addition   Street Address   P.O. Box Number is Not Acceptable	33023			1 0.5	) • A •	7. Name and Ad	dress of New		•	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	Sireet Address (P.O. Box Number is Not Acceptable)	BARRER	GARY			Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Supulse, typed or privated runs of registered agent and talle if applicable. (NOTE Registered Agent algorithms regulated when reinstating)  DATE    Filling Fee is \$61.25	B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hypod or private runs of registered agent and the if apoliciable. (NOTE Registered Agent agreet and an international)    Filling Fee is \$61.25	1011 N 35TH AVENUE				Street Addres	ss (P.O. Box Number is	Not Acceptab	le)		
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10.	10.	SIGNATURE .									
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   ITILE   D   Change   Addition   SACCO, FRANK V   STREET ADDRESS   CITY-ST-2IP   HOLLYWOOD, FL 33021   CITY-ST-2IP	11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)		DATE		
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GIT-50-ZP   MOLLYVYQOD, FL 33021	12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI  D SACCO, FRANK V 3501 JOHNSON ST. HOLLYWOOD, FL 33021  D MUHART, MATTHEW 3501 JOHNSON STREET HOLLYWOOD, FL 33021  D BENZ, JOHN A 3501 JOHNSON ST. HOLLYWOOD, FL 33021  D PIRIZ, J 3501 JOHNSON STREET HOLLYWOOD, FL 33021  D PIRIZ, J 3501 JOHNSON STREET HOLLYWOOD, FL 33021  D HETLAGE, KENNON C 3501 JOHNSON STRET HOLLYWOOD, FL 33021  D ROSS, ZEFF 3501 JOHNSON STREET	9. Electic Trust F  RECTORS  Delete  Delete	n Campaign F und Contribut  11. TITLI NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	\$5.00 May Be Added to Fees	Fic	Make check partite ride Department of the Control o	TORS IN Change Change Change	10 Addition Addition Addition

The every first the information supplied with this filling does not qualify for the exemption stated in Section 1-90/(3)(f), round statutes. Turner certify first the information indicated on this report or suppliemental 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:

ED OR PRINTED NAME OF SUMING OFFICER OR DIRECTOR

SESSICA BLACK

03/17/04

952-985-2362