


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90013 011 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0416487				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACCO, FRANK V		NAME		
STREET ADDRESS	3501 JOHNSON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUHART, MATTHEW		NAME		
STREET ADDRESS	3501 JOHNSON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENZ, JOHN A		NAME		
STREET ADDRESS	3501 JOHNSON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIRIZ, J		NAME		
STREET ADDRESS	3501 JOHNSON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HETLAGE, KENNON C		NAME		
STREET ADDRESS	3501 JOHNSON STRET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, ZEFF		NAME		
STREET ADDRESS	3501 JOHNSON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/3/05 Daytime Phone # 834-985-2362		