

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 020 ****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**

DO NOT WRITE IN THIS SPACE



03122007 No Chg-NP

CR2E037 (4/06)

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

**BARBER, GARY
1011 N 35TH AVENUE
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MUHART, MATTHEW
3501 JOHNSON STREET
HOLLYWOOD, FL 33021**

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

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

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

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSICA KERNER

Date

4-9-07 954-276-3155

Daytime Phone #