

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000114 1. Entity Name MEMORIAL PHYSICIAN HOSPITAL ORGANIZATION, INC.	
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Principal Place of Business 2900 CORPORATE WAY HOLLYWOOD, FL 33025 US	Mailing Address 2900 CORPORATE WAY HOLLYWOOD, FL 33025 US
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04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0416487	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000949549
06/03/08-80032-016 61.25

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

**DO NOT WRITE
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

Date

Daytime Phone #

Jessica Lerner 5/5/08

954-276-3155