

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000114

FILED
Feb 23, 2009
Secretary of State

Entity Name: MEMORIAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

2900 CORPORATE WAY
HOLLYWOOD, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

2900 CORPORATE WAY
HOLLYWOOD, FL 33025 US

New Mailing Address:

FEI Number: 65-0416487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARBER, GARY
3329 JOHNSON STREET
HOLLYWOOD, FL 33021 US

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.

SIGNATURE:

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SACCO, FRANK V
Address: 3501 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: MUHART, MATTHEW
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: BENZ, JOHN A
Address: 3501 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: PIRIZ, J
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: HETLAGE, KENNON C
Address: 3501 JOHNSON STRET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D () Delete
Name: ROSS, ZEPP
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSICA LERNER

D

02/23/2009

Electronic Signature of Signing Officer or Director

Date