

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90194 038 ****61.25

DOCUMENT # N93000000114

1. Entity Name

MEMORIAL PHYSICIAN HOSPITAL ORGANIZATION, INC.



Principal Place of Business

**6517 TAFT STREET
HOLLYWOOD FL 33024
US**

Mailing Address

**6517 TAFT STREET
HOLLYWOOD FL 33024
US**

2. Principal Place of Business

2900 CORPORATE WAY

Suite, Apt. #, etc.

3. Mailing Address

2900 CORPORATE WAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

U.S.A.

Zip

33025

Country

U.S.A.

4. FEI Number **65-0416487**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☒ Delete
NAME **CRUDELE, JEFFREY T**
STREET ADDRESS **3501 JOHNSON STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Matthew Muhart**
STREET ADDRESS **3501 Johnson Street**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **D** ☐ Change ☒ Addition
NAME **Ješšica Black**
STREET ADDRESS **C/O MIH**
CITY-ST-ZIP **2900 Corporate Way, Miramar, FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

3/26/03

954-985-2362

CR2E037 (10/02)