

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 SEP -4 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003104 (7)

1. Corporation Name

NORTH RIDGE PHYSICIAN-HOSPITAL ORGANIZATION, INC

Principal Place of Business

Mailing Address

5757 N DIXIE HWY
FT LAUDERDALE FL 33334

5757 N DIXIE HWY
FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified
07/12/1993

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D CHARLES RUSSO MD
STREET ADDRESS
5757 N. DIXIE HWY
CITY - ST - ZIP
FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME
D STEPHEN WHITE
STREET ADDRESS
5757 N. DIXIE HWY
CITY - ST - ZIP
FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME
D GARY MERVAK
STREET ADDRESS
5757 N. DIXIE HWY
CITY - ST - ZIP
FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PRESIDENT / SGT.
EMIL P. MILLER
5757 N. DIXIE HWY.
FT. LAUDERDALE FL. 33334

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TREASURER
JOSEPH PRINCE
5757 N. DIXIE HWY.
FT. LAUDERDALE FL. 33334

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

VICE PRESIDENT
DON MCKENNA
5757 N. DIXIE HWY.
FT. LAUDERDALE, FL. 33334

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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****236.25 ****236.25

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
Joe Powell Treasurer

8/30/96

Date

Daytime Phone #

0009567

CR2E037 (3/96)