NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004847 (0)

FILED
95 JUL -7 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

PLANTATION MEDICAL ASSOCIATES PHYSICIAN HOSPITAL ORGANIZATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PLANTATION GENERAL HOSPITAL 401 N.W. 42ND AVE. PLANTATION FL 33317	PLANTATION GENERAL HOSPITAL 401 N.W. 42ND AVE. PLANTATION FL 33317

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 11/10/1994
4. FEI Number: 65-0473275 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, IRA J
% MCDERMOTT WILL & EMERY
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131-4336

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PARL, EIKE	1.2 NAME	
STREET ADDRESS	4101 N.W. 4TH ST., SUITE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	SELBST, ALLAN	2.2 NAME	
STREET ADDRESS	150 N.W. 70TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	FILSON, TERESA	3.2 NAME	
STREET ADDRESS	401 N.W. 42ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	LANES, GERARDO	4.2 NAME	
STREET ADDRESS	150 N.W. 70TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CALZADILLA, MIGUEL	5.2 NAME	
STREET ADDRESS	201 N.W. 82 AVE, SUITE 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BASS, LEONARD M.D.	6.2 NAME	
STREET ADDRESS	2323 N.W. 19TH STREET, SUITE 3	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	6.4 CITY-ST-ZIP	

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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 110.07(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: _____ 6/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010214