

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004847 (0)

1. Corporation Name

PLANTATION MEDICAL ASSOCIATES PHYSICIAN-HOSPITAL
ORGANIZATION, INC.



Principal Place of Business

PLANTATION GENERAL HOSPITAL
401 N.W. 42ND AVE.
PLANTATION FL 33317

Mailing Address

PLANTATION GENERAL HOSPITAL
401 N.W. 42ND AVE.
PLANTATION FL 33317

3. Date Incorporated or Qualified
10/27/1993

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0473275

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name James A. Farrell
82 Street Address (P.O. Box Number is Not Acceptable)
58a 500
83 250 S. Australian Ave
84 City W. Palm Beach FL 85 Zip Code 33405

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

[Signature] March 14, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE
NAME DP
STREET ADDRESS PARL, EIKE
CITY-ST-ZIP 4101 N.W. 4TH ST., SUITE 104
PLANTATION FL 33317

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DV
STREET ADDRESS SELBST, ALLAN
CITY-ST-ZIP 150 N.W. 70TH AVE.
PLANTATION FL 33317

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DS
STREET ADDRESS FILSON, TERESA
CITY-ST-ZIP 401 N.W. 42ND AVE.
PLANTATION FL 33317

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DT
STREET ADDRESS LANES, GERARDO
CITY-ST-ZIP 150 N.W. 70TH AVE.
PLANTATION FL 33317

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS CALZADILLA, MIGUEL
CITY-ST-ZIP 201 N.W. 82 AVE, SUITE 301
PLANTATION FL 33324

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS BASS, LEONARD M.D.
CITY-ST-ZIP 2323 N.W. 19TH STREET, SUITE 3
FORT LAUDERDALE FL 33311

6.1 TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96 305-584-9868

Date

Daytime Phone

CR2E037 (12/95)

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PLANTATION MEDICAL ASSOCIATES

**Marilyn Miceli, Managed Care Director
Plantation Medical Associates PHO, Inc.
Plantation General Hospital
401 NW 42 Ave
Plantation, Florida 33317**