FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N93000004847 (0) DOCUMENT #

PLANTATION MEDICAL ASSOCIATES PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business PLANTATION GENERAL HOSPITAL Mailing Address



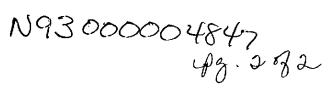
4g.182

401 N.W. 42ND AVE. PLANTATION FL 33317		401 N.W. 42ND AVE. PLANTATION FL 33317		Date incorporated or Qualified	3a. Date of Last Report	
				10/27/1993	07/07/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0473275	Applied For	
21		26		0070473270	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Žip	Country	Zip	Country	8. This corporation has liability for int		
24	25 9. Name and Address of Curre	29	30	10. Name and Address of New Rec	Yes No	
	5. Name and Address of Carre	ant negistered Agent	81 Name		pistered Agent	
COLEMAN, IRA J			F. "	Lanes A. Leerell		
			82 Street A 1			
% MCDERMOTT WILL & EMERY			B2			
201 S. BISCAYNE BLVD., 22ND FLOOR MIAMI FL 33131-4336			200	" 250 S. Australian Ave		
MICHAELE	L 33131-4330		241 0		85 Zip Code	
11 Pursuant t	to the provisions of Sections 617.050	12 and 617 1508. Florida Statut	on the above paged corre	Paly Beach	FL 33405	
or register	red agent, or both, in the State of Flo	rida. Such change was authoriz	red by the corporation's boa	oration submits this statement for the purporard of directors. I hereby accept the appoin	itment as registered agent. I am	
!	th, and accept the obligations of, Sec	Mon 617.0503, Florida Statutes	S.	Morde		
SIGNATURE _	Signature, typen or printed name of registered age	of and the if anciarable (All)	DTE: Registered Agent's gnature require		14, 1196	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	DELETE	1.1 TITLE		Change Addition	
NAME	PARL, EIKE	_	1.2 NAME			
STREET ADDRESS	4101 N.W. 4TH ST., SUITE 1	04	1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP			
TITLE	DV	DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	SELBST, ALLAN		2.2 NAME		ĺ	
STREET ADDRESS	150 N.W. 70TH AVE.		2 3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	•	2 4 CITY - ST - ZIP	•		
TITLE	DS	DELETE	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		34 CHTY-ST-ZIP			
TITLE	DT	DELETE	4 1 TITLE		Change 🔲 Add tion	
NAME	LANES, GERARDO		4 2 NAME			
STREET ADDRESS	150 N.W. 70TH AVE.		4.3 STREET ADDRESS		Ì	
CITY-ST-ZIP	PLANTATION FL 33317		4 4 C11Y - S1 - ZIP			
TITLE	D ALTADALA MIGUEL	DELETE	5 1 TITLE	90000176	SSB Addition	
NAME	CALZADILLA, MIGUEL	•	5.2 NAME	-04/02/960102	?3014	
STREET ADDRESS	201 N.W. 82 AVE, SUITE 301		5.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP	PLANTATION FL 33324		5 4 CITY - ST - ZIP			
TITLE	D BACC LEONADD M.D.	DELETE	6 1 TITLE		Change Addition	
NAME	BASS, LEONARD M.D.	HTC 0	6.2 NAME		1, (1)	
STREET ADDRESS	2323 N.W. 19TH STREET, SU		6.3 STREET ADDRESS		CAN MY	
CITY-ST-ZIP	FORT LAUDERDALE FL 3331	1	6 4 CITY - ST - ZIP		\ <b>%</b> ~\```	

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 if 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 rustee 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: \_\_\_

3-8-96 305-584-9868





## PLANTATION MEDICAL ASSOCIATES

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