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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004894 (2)**

1. Corporation Name

**THE PHYSICIAN HOSPITAL ORGANIZATION OF HOLY CROS
S HOSPITAL, INC.**

Principal Place of Business

**4725 N FEDERAL HWY
FT LAUDERDALE FL 33308**

Mailing Address

**4725 N FEDERAL HWY
FT LAUDERDALE FL 33308-4803**

3. Date Incorporated or Qualified **11/01/1993** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0600332

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**BUDRYS, R
4725 N FEDERAL HWY
FT LAUDERDALE FL 33308**

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

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

D

☐ DELETE

NAME

BUDRYS, R

STREET ADDRESS

4725 N FEDERAL HWY

CITY - ST - ZIP

FT LAUDERDALE FL 33308

TITLE

D

☐ DELETE

NAME

GRANGER, R

STREET ADDRESS

4725 N FEDERAL HWY

CITY - ST - ZIP

FT LAUDERDALE FL 33308

TITLE

D

☐ DELETE

NAME

COOPERSMITH, E

STREET ADDRESS

5333 N DIXIE HWY

CITY - ST - ZIP

FT LAUDERDALE FL 33304

TITLE

D

☐ DELETE

NAME

HANNON, LAWRENCE

STREET ADDRESS

4725 N FEDERAL HWY

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

D

☒ DELETE

NAME

COMRIE, DAN

STREET ADDRESS

4725 N FEDERAL HWY

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

D

☐ DELETE

NAME

RAYBECK, MICHAEL

STREET ADDRESS

4725 N FEDERAL HWY

CITY - ST - ZIP

FT LAUDERDALE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:



Robert P. Granger

4/30/97

(954)492-5713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034405

CR2E037 (9/96)