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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

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

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



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

3. Date Incorporated or Qualified

11/01/1993

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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)

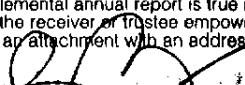
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDRYS, R	1.2 NAME	
STREET ADDRESS	4725 N FEDERAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, R	2.2 NAME	Robert P. Granger
STREET ADDRESS	4725 N FEDERAL HWY	2.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPERSMITH, E	3.2 NAME	Edward Coopersmith, M.D.
STREET ADDRESS	5333 N DIXIE HWY	3.3 STREET ADDRESS	5333 N. Dixie Highway
CITY-ST-ZIP	FT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, LAWRENCE	4.2 NAME	
STREET ADDRESS	4725 N FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Vice Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYBECK, MICHAEL	5.2 NAME	Michael Raybeck, M.D.
STREET ADDRESS	4725 N FEDERAL HWY	5.3 STREET ADDRESS	4725 N. Federal Highway
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	SEE ATTACHED LIST FOR
STREET ADDRESS		6.3 STREET ADDRESS	ADDITIONAL DIRECTORS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E037 (10/97)

SIGNATURE



4/30/98

4/30/98

The Physician Hospital Organization of Holy Cross Hospital, Inc.
1998 Annual Report
Additions/Changes to Officers and Directors in 12 (continued)

13.	Additions/Changes to Officers and Directors in 12.
Title	Director
Name	Matthew A. Moore
Street Address	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Director
Name	John Collier
Street Address	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Director
Name	Gary C. Meller, M.D.
Street Address	4725 N. Federal Highway
City-ST-Zip	Fort Lauderdale, FL 33308
Title	Director
Name	N. Dean Nasser, M.D.
Street Address	1800 E. Commercial Boulevard
City-ST-Zip	Fort Lauderdale, FL 33308

13.	Additions/Changes to Officers and Directors in 12.
Title	Director
Name	Paul Preste, M.D.
Street Address	2833 N. Ocean Boulevard, #102
City-ST-Zip	Fort Lauderdale, FL 33308
Title	
Name	
Street Address	
City-ST-Zip	
Title	
Name	
Street Address	
City-ST-Zip	
Title	
Name	
Street Address	
City-ST-Zip	