FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000215 (3)

1. Corporation Name

GOLDEN GLADES REGIONAL MEDICAL CENTER PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
17330 N.W. 7TH AVENUE SUITE 204 MIAMI FL 33169	17330 N.W. 7TH AVENUE SUITE 204 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:
4. FEI Number: 65-0463572 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC.
100 S.E. 2ND STREET
SUITE 3600
MIAMI FL 33131

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	KRAYER, ANTHONY	12 NAME	Bryan Barkow
STREET ADDRESS	17330 N.W. 7TH AVENUE, SUITE 204	13 STREET ADDRESS	17330 NW 7th Ave Ste 204
CITY-ST-ZIP	MIAMI FL 33169	14 CITY-ST-ZIP	Miami, Fl 33169
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	NORIEGA, RUDY	22 NAME	Susan Pinas
STREET ADDRESS	17330 N.W. 7TH AVENUE, SUITE 204	23 STREET ADDRESS	17330 NW 7th Ave Ste 204
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP	Miami, Fl 33169
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	GARCIA, MARTHA	32 NAME	Ray Grenier
STREET ADDRESS	17330 N.W. 7TH AVENUE	33 STREET ADDRESS	17330 NW 7th Ave Ste 204
CITY-ST-ZIP	MIAMI FL 33169	34 CITY-ST-ZIP	Miami, Fl 33169
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 11/28/95 305-654-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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