

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000000218

1. Corporation Name

Florida Medical Center Physician Hospital  
Organization

Principal Place of Business

Mailing Address

5000 W. Oakland Pk Blvd  
Fort Lauderdale, Fl.  
33313 Broward

17330 N.W. 7th Ave.  
Suite 204  
Miami, Fl. 33169 Dade

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

3. Date Incorporated or Qualified

01/14/94

3a. Date of Last Report

04/03/95

4. FEI Number

65-0470370

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

10. Name and Address of New Registered Agent

Florida Registered Agents, Inc.  
100 S.E. 2nd Street  
Suite 3600  
Miami, Fla. 33131

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

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	Director	<input type="checkbox"/> DELETE
NAME	Denny DeNarvaez	
STREET ADDRESS	17330 NW 7th Ave, Ste. 204	
CITY - ST - ZIP	Miami, Fl.	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Susan Pinna	
STREET ADDRESS	17330 N.W. 7th Ave., #204	
CITY - ST - ZIP	Miami, Fla. 33169	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Mark Meyers	
STREET ADDRESS	5000 W. Oakland Park Blvd.	
CITY - ST - ZIP	Ft. Lauderdale, Fl.	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Bryan Burklow	
STREET ADDRESS	17330 N.W. 7th Ave., Ste 204	
CITY - ST - ZIP	Miami, Fla.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Denny DeNarvaez	
1.3 STREET ADDRESS	5000 W. Oakland Park Blvd.	
1.4 CITY - ST - ZIP	Fort Lauderdale, Fla. 33313	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christopher Lloyd	
3.3 STREET ADDRESS	5000 W. Oakland Park Blvd.	
3.4 CITY - ST - ZIP	Fort Lauderdale, Fla. 33313	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cheryl Davis	
4.3 STREET ADDRESS	5000 W. Oakland Park Blvd.	
4.4 CITY - ST - ZIP	Fort Lauderdale, Fla. 33313	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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

Date

Daytime Phone #

2/8/96

(305) 730-2808

CR2E034 (12/95)