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

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DIVISION OF CORPORATIONS
95 MAR 22 PM 3:45

DOCUMENT # N94000000219 (5)

1. Corporation Name

CORAL GABLES HOSPITAL PHYSICIAN HOSPITAL ORGANIZ ATION, 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: 65-0464397 ☐ 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
21 3100 Douglas Road
22 Suite, Apt. #, etc.
23 City & State: Coral Gables, FL
24 Zip: 33134 25 Country: U.S.A.

2a. Mailing Address
26 3100 Douglas Road
27 Suite, Apt. #, etc.
28 City & State: Coral Gables, FL
29 Zip: 33134 30 Country: U.S.A.

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: Pedro E. Iriarte, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 3100 Douglas Road
83
84 City: Coral Gables FL 85 Zip Code: 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	KRAYER, ANTHONY	1.2 NAME	Erik Long
STREET ADDRESS	17330 N.W. 7TH AVE, SUITE 204	1.3 STREET ADDRESS	Coral Gables Hospital 3100 Douglas
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	NORIEGA, RUDY	2.2 NAME	Leonardo Lopez, M.D.
STREET ADDRESS	17330 N.W. 7TH AVE, SUITE 204	2.3 STREET ADDRESS	2601 SW 37 Avenue, Suite 703
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BIANCO, NICK	3.2 NAME	Carlos Moas, M.D.
STREET ADDRESS	CORAL GABLES HOSPITAL, 3100 DOUGLAS RD.	3.3 STREET ADDRESS	2601 SW 37 Avenue, Suite 705
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	Pedro E. Iriarte, Jr.	4.2 NAME	Rafael Fleites, M.D.
STREET ADDRESS	Coral Gables Hospital 3100 Douglas	4.3 STREET ADDRESS	351 NW LeJeune Road., Suite 409
CITY-ST-ZIP	Coral Gables, FL 33134	4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	Susan Pinnas	5.2 NAME	Maury Hurst, M.D.
STREET ADDRESS	17330 NW 7 Avenue, Suite 204	5.3 STREET ADDRESS	1834 SW 27 Avenue
CITY-ST-ZIP	Miami, FL 33169	5.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	Ramiro Casanas (Change)	6.2 NAME	Juan Sordondo, M.D.
STREET ADDRESS	Coral Gables Hospital 3100 Douglas	6.3 STREET ADDRESS	2601 SW 37 Avenue, Suite 801
CITY-ST-ZIP	Coral Gables, FL 33134	6.4 CITY-ST-ZIP	Miami, FL 33133

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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044184