

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1996 SEP -4 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600001949896

-09/18/96--01015--003

*****61.25 *****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # N94000000859 (8)

1. Corporation Name

INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

FLAGLER DRIVE AT PALM BEACH LAKES BLVD.
W PALM BEACH FL 33401

Mailing Address

1309 N. FLAGLER DR.
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5325 Greenwood Ave
Suite, Apt. #, etc.

26 5325 Greenwood Ave.

Suite, Apt. #, etc.

22 305

27 305

City & State

City & State

23 West Palm Beach FL

28 West Palm Beach FL

Zip

Country

Zip

Country

24 33407

25 U.S.A.

29 33407

30 U.S.A.

4. FEI Number

65-0458571

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

LARCOMBE, VALERIE G
1309 N. FLAGLER DR.
AT PALM BEACH LAKES BLVD.
W PALM BEACH FL 33401

81 Name

Diana Rutland, Executive Director

82 Street Address (P.O. Box Number is Not Acceptable)

Intracoastal Physician Hospital Org., Inc.

83

c/o 1309 N. Flagler Drive

84 City

West Palm Beach,

FL

85 Zip Code

33401

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

Diana Rutland

Diana Rutland, Executive Director

August 26, 1994

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	C	DELETE
NAME	SCHECTMAN, TOMMY MD	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY - ST - ZIP	W PALM BEACH FL 33401	
TITLE	VC	DELETE
NAME	MURPHY, DENIS M.D.	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY - ST - ZIP	W PALM BEACH FL 33401	
TITLE	D	DELETE
NAME	BEATTIE, JAMES	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	DELETE
NAME	COONEY, JOHN	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY - ST - ZIP	W. PALM BEACH FL 33401	
TITLE	D	DELETE
NAME	FISHBANE, BRUCE	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	DELETE
NAME	LIEBMAN, PAUL	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	

13.

1.1 TITLE	C	Change	Addition
1.2 NAME	Kotzen, Jeffrey H. MD		
1.3 STREET ADDRESS	5325 Greenwood Ave. Suite 305		
1.4 CITY - ST - ZIP	West Palm Beach, FL 33407	Change	Addition
2.1 TITLE	P	Change	Addition
2.2 NAME	Goodwin, Donald W. MD		
2.3 STREET ADDRESS	5325 Greenwood Ave. Suite 305		
2.4 CITY - ST - ZIP	West Palm Beach, FL 33407	Change	Addition
3.1 TITLE	S	Change	Addition
3.2 NAME	Murphy, Denis M. MD		
3.3 STREET ADDRESS	5325 Greenwood Ave. Suite 305		
3.4 CITY - ST - ZIP	West Palm Beach, FL 33407	Change	Addition
4.1 TITLE	T	Change	Addition
4.2 NAME	Vanek, James E. MD		
4.3 STREET ADDRESS	5325 Greenwood Ave. Suite 305		
4.4 CITY - ST - ZIP	West Palm Beach, FL 33407	Change	Addition
5.1 TITLE	D	Change	Addition
5.2 NAME	Bland, Regina MD		
5.3 STREET ADDRESS	5325 Greenwood Ave. Suite 305		
5.4 CITY - ST - ZIP	West Palm Beach, FL 33407	Change	Addition
6.1 TITLE	D	Change	Addition
6.2 NAME	Dodson, David W. MD		
6.3 STREET ADDRESS	5325 Greenwood Ave. Suite 305		
6.4 CITY - ST - ZIP	West Palm Beach, FL 33407	Change	Addition

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:

Diana Rutland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA A. RUTLAND

Date

July 12, 1994 (516) 882-6435

Daytime Phone #

0000731

CR2E037 (3/96)