

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000859

1. Entity Name

INTRACOASTAL PHYSICIAN HOSPITAL ORGANIZATION, IN

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90152 001 \*1,685.00

Principal Place of Business  
625 N FLAGLER DR, SUITE 508  
WEST PALM BEACH FL 33401  
US

Mailing Address  
1309 NO. FLAGLER DRIVE  
WEST PALM BEACH FL 33401-3406

2. Principal Place of Business  
5829 Corporate Way  
Suite, Apt. #, etc.  
Suite 103

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
West Palm Beach, FL

City & State

4. FEI Number  
65-0458571  
Applied For  
Not Applicable

Zip  
33407  
Country  
Palm Beach

Zip  
Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARCOMBE, VALERIE G  
1309 NO. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

Name  
Valerie G. Larcombe, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
Akerman Senterfitt  
777 S. Flagler Drive, Suite 900E  
City  
West Palm Beach, FL Zip Code  
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  Valerie G. Larcombe 4/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KOTZEN, JEFFREY H M.D. 625 N FLAGLER DR, SUITE 508 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID L LIPORACE, D.O. 625 N FLAGLER DR, SUITE 508 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANEK, JAMES E M.D. 625 N FLAGLER DR, SUITE 508 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP C DUTVHER 625 N FLAGLER DR, SUITE 508 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODSON, DAVID W M.D. 625 N FLAGLER DR, SUITE 508 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK NASK 625 N FLAGLER DR, SUITE 508 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Michael Loscalzo 1309 N. Flagler Drive West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Daniel Lichtstein, M.D. 1309 N. Flagler Drive West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Tommy J. Schechtman 1309 N. Flagler Drive West Palm Beach, FL 33401

12. 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 report or supplemental 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 10 or 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Daniel Lichtstein, M.D. 4/27/00 650 6201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

**INTRACOASTAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.**

*5829 Corporate Way, Suite 103, West Palm Beach, Florida 33407*

*Telephone (561) 640-9755, Ext. 208 Facsimile (561) 640-5364*

N9400000859  
12080

**Board of Directors**

*Artenio L. Court, M.D.*

*David W. Dodson, M.D.*

*Glenn H. Englander M.D.*

*Jeffrey H. Kotzen, M.D.*

*Daniel Lichtstein, M.D.*

*David L. Liporace, D.O.*

*Michael Loscalzo*

*Rudolph R. Scheerer, M.D.*

*Tommy J. Schechtman, M.D.*

*James E. Vanek, M.D.*