

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 28 1996 8:00 am
Secretary of State

DOCUMENT # N94000002166 (6)

1. Corporation Name

DIMENSION PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business

15500 NEW BARN ROAD
SUITE 101
MIAMI LAKES FL 33014
US

Mailing Address

6500 BLUE LAGOON DR.
SUITE 225
MIAMI FL 33126

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 15500 NEW BARN RD

4. FEI Number

65-0491603

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

81 Name ROBERT CARMACK

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

15500 NEW BARN ROAD

83 # 101

84 City MIAMI LAKES

FL

85 Zip Code

33014

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

[Signature]

ROBERT W. CARMACK

APRIL 29, 1996

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------------------|------------------------------|------------------|---------------------------------|
| D | BAUER, CLIFFORD J. | 651 E. 25TH ST. | HIALEAH FL 33013 | <input type="checkbox"/> |
| D | ECONOMIDES, CHRISTOPHER G M.D. | 651 E. 25TH ST. | HIALEAH FL 33013 | <input type="checkbox"/> |
| D | KEELEY, BRIAN | 8900 N. KENDALL DR. | MIAMI FL 33176 | <input type="checkbox"/> |
| D | STAPP, LEE M M.D. | 8900 N. KENDALL DR. | MIAMI FL 33176 | <input type="checkbox"/> |
| D | DAVIGLUS, GEORGE F | 1190 NW 95 STREET, SUITE 101 | MIAMI FL 33150 | <input type="checkbox"/> |
| D | ROSASCO, EDWARD J. | 3683 S. MIAMI AVE | MIAMI FL 33133 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|------------------------------------------------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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05/28/96 01036 015

***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 1996

Date

Daytime Phone #

CR2E037 (12/95)

N9400000 2166

2-2

ATTACHMENT TO ANNUAL REPORT FOR
DIMENSION PHYSICIAN-HOSPITAL ORGANIZATION, INC.

D

Steven M. Klein
1100 N.W. 95 Street
Miami, FL 33150

D

Ramon Rodriguez-Torres, MD
6125 S.W. 31 Street
Miami, FL 33155

P

Robert W. Carmack
15500 New Barn Road
Suite 101
Miami Lakes, FL 33014

D

Mohsin Jaffer, MD
9600 NE 2nd Ave.
Miami Shores, FL 33138

D

Fred D. Hirt
4300 Alton Road
Miami Beach, FL 33140

D

Peter Segall, MD
4302 Alton Road
Suite 750
Miami Beach, FL 33140

D

William A. McDonald
3100 S.W. 62 Ave.
Miami, FL 33155