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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000002166 (6)

1. Corporation Name
DIMENSION PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
15500 NEW BARN ROAD SUITE 101 MIAMI LAKES FL 33014 US	15500 NEW BARN ROAD SUITE 101 MIAMI LAKES FL 33014-2177 US

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

CARMACK, ROBERT
15500 NEW BARN ROAD
SUITE 101
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

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 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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BAUER, CLIFFORD J.		1.2 NAME	Daniel I. Rosenthal	
STREET ADDRESS	651 E. 25TH ST.		1.3 STREET ADDRESS	8900 N. Kendall Drive	
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	DS	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ECONOMIDES, CHRISTOPHER G M.D.		2.2 NAME	Mohsin Jaffer, MD	
STREET ADDRESS	651 E. 25TH ST.		2.3 STREET ADDRESS	601 N. Flamingo Road, Suite 304	
CITY-ST-ZIP	HIALEAH FL 33013		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	DC	☒ DELETE	3.1 TITLE	DC	☒ Change ☐ Addition
NAME	KEELEY, BRIAN		3.2 NAME	Edward J. Rosasco, Jr.	
STREET ADDRESS	8900 N. KENDALL DR.		3.3 STREET ADDRESS	3663 S. Miami Avenue	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	STAPP, LEE M M.D.		4.2 NAME	Fred D. Hirt	
STREET ADDRESS	8900 N. KENDALL DR.		4.3 STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVIGLUS, GEORGE F		5.2 NAME	William A. McDonald	
STREET ADDRESS	1190 NW 95 STREET, SUITE 101		5.3 STREET ADDRESS	3100 S.W. 62 Avenue	
CITY-ST-ZIP	MIAMI FL 33150		5.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSASCO, EDWARD J.		6.2 NAME	Sergio Gonzalez-Arias, MD	
STREET ADDRESS	3663 S. MIAMI AVE		6.3 STREET ADDRESS	8950 N. Kendall Drive, Suite 406	
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-ST-ZIP	Miami, FL 33176	

CR2E037 (9/96)

14. I do 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 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] REQUIRED 4/28/97 (305) 285-2221