

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 032 ****61.25

DOCUMENT # N94000002166

1. Corporation Name

DIMENSION PHYSICIAN-HOSPITAL ORGANIZATION, INC.

6 616581-90004-32 1 *

Principal Place of Business

15500 NEW BARN ROAD
SUITE 101
MIAMI LAKES FL 33014
US

Mailing Address

15500 NEW BARN ROAD
SUITE 101
MIAMI LAKES FL 33014
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

05/02/1994

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

9. Name and Address of Current Registered Agent

LINDGREN, CHARLES
15500 NEW BARN ROAD
SUITE 101
MIAMI LAKES FL 33014

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

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 **DC** ☒ DELETE
NAME **BAUER, CLIFFORD J**
STREET ADDRESS **651 E. 25TH ST.**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D** ☐ DELETE
NAME **ROSENTHAL, DAN**
STREET ADDRESS **6855 RED ROAD #600**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **DC** ☒ DELETE
NAME **ROSASCO, E J JR**
STREET ADDRESS **3663 S MIAMI AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **CARROLL, DAVID**
STREET ADDRESS **3100 SW 62 AVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ DELETE
NAME **GONZALEZ-ARIAS, SERGIO MD**
STREET ADDRESS **6855 RED ROAD #600**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **D** ☒ DELETE
NAME **JAFFER, MOSHIN MD**
STREET ADDRESS **601 NORTH FLAMINGO ROAD, SUITE 304**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9-10-99 305-818-8812

CR2E037 (5/99)

N94000002166

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DIMENSION PHO BOARD OF DIRECTORS
1999

Charles A. Lindgren, Chairman

Stephen M. Kulvin, MD, Vice Chairman

Daniel I. Rosenthal, Secretary/Treasurer

W. Christian Bauer, MD, Director

David W. Carroll, Director

Gabriel Costa, MD, Director

David M. D'Amico, Director

Aurelio Fernandez, Director

Sergio Gonzalez-Arias, MD, Director

Shelli Janoff, Director

John A. King, MD, Director

Hector Pallavicini, MD, Director

Donna S. Reynolds, Director

N94 000002166

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DIMENSION PHO BOARD OF DIRECTORS

HIALEAH

Aurelio Fernandez
President & CEO
651 East 25 Street
Hialeah, FL 33013
Tel: (305)835-4240
Fax: (305)835-4252

BAPTIST

Daniel I. Rosenthal
Senior Vice President
6855 Red Road, Suite 600
Coral Gables, FL 33143-3632
Tel: (305)273-2557
Fax: (305)273-2452

NORTH SHORE

David M. D'Amico
Vice President & CFO
1100 N. W. 95 Street
Miami, FL 33150
Tel: (305)835-6166
Fax: (305)835-6163

MERCY

Donna S. Reynolds, President & CEO
MercyHealth, Inc.
3663 S Miami Avenue
Miami, FL 33133
Tel: (305)285-2172
Fax: (305)860-4723

MOUNT SINAI

Shelli Janoff
Administrator, Managed Care
4300 Alton Road
Miami Beach, FL 33140
Tel: (305)674-2166
Fax: (305)674-3998

MIAMI CHILDREN'S

David W. Carroll
Sr. Vice President & CFO
3100 S. W. 62 Avenue
Miami, FL 33155
Tel: (305)662-8202
Fax: (305)665-1576

HIALEAH

Hector Pallavicini, MD
777 East 25 Street
Suite 518
Hialeah, FL 33013
Tel: (305)221-1872
Fax: (305)554-5465

BAPTIST

Sergio Gonzalez-Arias, MD
DadeWell Medical Group
6855 Red Road, Suite 600
Coral Gables, FL 33143-3632
Tel: (305)273-2469
Fax: (305)273-2452

NORTH SHORE

John A. King, MD
9526 N. E. Second Avenue
Suite 103
Miami, FL 33138
Tel: (305)758-3131
Fax: (305)759-4876

MERCY

Gabriel Costa, MD
3659 South Miami Avenue
Suite 4001
Miami, FL 33133
Tel: (305)285-9153
Fax: (305)285-1217

MOUNT SINAI

Stephen M. Kulvin, MD
Dept. of Ophthalmology
4300 Alton Road
Miami Beach, FL 33140
Tel: (305)674-2047
Fax: (305)538-9001

MIAMI CHILDREN'S

W. Christian Bauer, MD
Chief, Dept. of Anesthesiology
Miami Children's Hospital
3100 S. W. 62 Avenue
Miami, FL 33155
Tel: (305)666-6511, Ext. 3415
Fax: (305)663-8573