2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
03-19-2001 90448 022 ****61.25

DOCUMENT # N94000002166

1. Entity 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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0491603 ☐ Applied For ☐ Not Applicable

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
LINDGREN, CHARLES 15500 NEW BARN ROAD SUITE 101 MIAMI LAKES FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	DPC FERNANDEZ, AURELIO 651 E. 25TH ST. HIALEAH FL 33013	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Garcia, Silvio 1100 N.W. 95 Street Miami, FL 33150	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO FERNANDEZ, AURELIO 651 EAST 25 STREET HIALEAH FL 33013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Costa, Gabriel 3659 S. Miami Ave., Ste 4001 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALLAVICINI, HECTOR MD 777 EAST 25 STREET HIALEAH FL 33013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Kulvin, Stephen 4300 Alton Road Miami Beach, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATZROTT, ALLAN E 1100 N.W. 95 STREET MIAMI FL 33150	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barry Brennan 3100 S. W. 62 Avenue Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO REYNOLDS, DONNA S 3363 S. MIAMI AVENUE MIAMI FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles A. Lindgren 15500 New Barn Road #101 Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DFS JANOFF, ROCHELLE 4300 ALTON ROAD MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Charles A. Lindgren 3/14/01 305-818-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #