


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90297 031 ****61.25

DOCUMENT # N94000002166 1. Entity Name DIMENSION PHYSICIAN-HOSPITAL ORGANIZATION, INC.					
Principal Place of Business 5881 N.W. 151 STREET SUITE 201 MIAMI LAKES, FL 33014 US			Mailing Address 5881 N.W. 151 STREET SUITE 201 MIAMI LAKES, FL 33014 US		
2. Principal Place of Business 5881 N.W. 151 Street Suite, Apt. #, etc. Suite 201 City & State Miami Lakes, FL Zip 33014			3. Mailing Address 5881 N. W. 151 Street Suite, Apt. #, etc. Suite 201 City & State Miami Lakes, FL Zip 33014		
Country USA			Country USA		
4. FEI Number 65-0491603			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LINDGREN, CHARLES 5881 N.W. 151 STREET SUITE 201 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Same 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GARCIA, SILVIO 1100 NW 95 STREET MIAMI, FL 33150 <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	PCEO <input checked="" type="checkbox"/> Delete FERNANDEZ, AURELIO 651 EAST 25 STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ana Mederos 651 East 25 Street Hialeah, FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PALLAVICINI, HECTOR MD 777 EAST 25 STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete COSTA, GABRIEL 3659 S. MIAMI AVE #4001 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input checked="" type="checkbox"/> Delete FREEHOF, LEONARD 1100 N.W. 95 STREET MIAMI, FL 33150		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manuel Linares 1100 N. W. 95 Street Miami, FL 33150	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete KULVIN, STEPHEN 4300 ALTON ROAD MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Charles A. Lindgren</u> <i>Charles A. Lindgren</i> 4/16/04 305-821-9242 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					