

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91049 022 ****61.25

DOCUMENT # N94000002166

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



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

5881 N.W. 151 Street
Suite 201

3. Mailing Address

5881 N.W. 151 Street
Suite 201

City & State

Miami Lakes FL

City & State

Miami Lakes FL

Zip

33014

US

Zip

33014

US



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)
5881 N.W. 151 Street

Suite 201

Miami Lakes

FL

Zip Code

33014

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

Charles A. Lindgren

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	GARCIA, SILVIO	
STREET ADDRESS	1100 NW 95 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	FERNANDEZ, AURELIO	
STREET ADDRESS	651 EAST 25 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALLAVICINI, HECTOR MD	
STREET ADDRESS	777 EAST 25 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	MD	<input type="checkbox"/> Delete
NAME	COSTA, GABRIEL	
STREET ADDRESS	3659 S. MIAMI AVE #4001	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	COO	<input type="checkbox"/> Delete
NAME	FREEHOF, LEONARD	
STREET ADDRESS	1100 N.W. 95 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	MD	<input type="checkbox"/> Delete
NAME	KULVIN, STEPHEN	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4-16-03

305-881-2242

CR2E037 (10/02)