

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000004180 (4)**

1. Corporation Name

**MIAMI CHILDREN'S PHYSICIAN-HOSPITAL ORGANIZATION
, INC.**

Principal Place of Business

Mailing Address

**3100 S.W. 62ND AVE.
MIAMI FL 33155**

**3100 S.W. 62ND AVE.
MIAMI FL 33155-3009**



| | | | | | |
|--|--|---|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 29 Zip Country 30 | | 3. Date Incorporated or Qualified 08/31/1995 | 3a. Date of Last Report 04/15/1996 |
| | | | | 4. FEI Number 65-0627142 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

| |
|--|
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDONALD, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | 3100 S.W. 62ND AVE. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33155 | 1.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUB, BENNY M.D. | 2.2 NAME | |
| STREET ADDRESS | 1190 NW 95TH STREET, SUITE 409 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33150 | 2.4 CITY - ST - ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHACK, STUART | 3.2 NAME | Fima Lifshitz, M.D. |
| STREET ADDRESS | 3100 S.W. 62ND AVE. | 3.3 STREET ADDRESS | 3100 SW 62 Ave. |
| CITY - ST - ZIP | MIAMI FL 33155 | 3.4 CITY - ST - ZIP | Miami, FL 33155 |
| TITLE | CD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUER, CHRISTIAN M.D. | 4.2 NAME | |
| STREET ADDRESS | 3100 SW 62ND AVE. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33155 | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031072

CR2E037 (9/96)