

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-14-2002 90542 001 ***280.00

2002

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

DOCUMENT # N95000004180

1. Entity Name

MIAMI CHILDREN'S PHYSICIAN-HOSPITAL ORGANIZATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 SW 62nd AVENUE

Suite, Apt. #, etc.

Fiscal Services

City & State

MIAMI, FL 33155-3009

Zip

Country

3. Mailing Address

3100 SW 62nd AVENUE

Suite, Apt. #, etc.

Fiscal Services

City & State

MIAMI, FL 33155-3009

Zip

Country

4. FEI Number

65-0627142

Applied For

Not Applicable

5. Certificate of Status Desired

EX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE, FL

FL

Zip Code
32301

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

FEE IS \$8125
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Director	D
NAME	ROZEK, THOMAS	
STREET ADDRESS	3100 SW 62nd Avenue	
CITY- ST- ZIP	Miami, FL 33155	
TITLE	Co-Chairman	D
NAME	Tirotta, Christopher, MD	
STREET ADDRESS	3100 SW 62nd Avenue Miami, FL 33155	
CITY- ST- ZIP		
TITLE	Treasurer	
NAME	Brennan, Barry	
STREET ADDRESS	3100 SW 62nd Avenue Miami, FL 33155	
CITY- ST- ZIP		
TITLE	Secretary	
NAME	Sussmane, Jeffrey, MD	
STREET ADDRESS	3100 SW 62nd Avenue Miami, FL 33155	
CITY- ST- ZIP		
TITLE	Co-Chairman	D
NAME	Carroll, David	
STREET ADDRESS	3100 SW 62nd Avenue Miami, FL 33155	
CITY- ST- ZIP		
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CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. CARROLL

4/23/2002

(305)666-6511

ext

3253

Date

Daytime Phone #

CR2E037B (12/01)