

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90217 024 ****70.00

DOCUMENT # N95000004180

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



Principal Place of Business
**3100 S.W. 62ND AVE.
MIAMI, FL 33155**

Mailing Address
**3100 S.W. 62ND AVE.
MIAMI, FL 33155**

94070919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0627142

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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. ☐

**\$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 **CD** ☐ Delete
NAME **CARROLL, DAVID**
STREET ADDRESS **3100 S.W. 62ND AVE.**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SUSSMANE, JEFFREY MD**
STREET ADDRESS **3100 SW 62ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BRENNAN, BARRY**
STREET ADDRESS **3100 SW 62ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROZEK, THOMAS**
STREET ADDRESS **3100 SW 62ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CC** ☐ Delete
NAME **RESNICK, TREVOR J**
STREET ADDRESS **3100 SW 62ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☒ Change ☐ Addition
NAME **cc**
STREET ADDRESS **RESNICK, TREVOR J**
CITY-ST-ZIP **3100 SW 62ND AVENUE**
MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CARROLL - 4/20/04

Date

LET 3253
(305) 666-6511

Daytime Phone #