

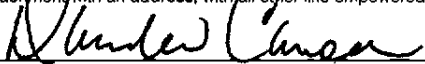


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

| | | | |
|---|---|--|---|
| 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 | | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04262005 No Chg-NP CR2E037 (10/03) | |
| | | 4. FEI Number 65-0627142 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | DO NOT WRITE IN THIS SPACE | |
| | | | |
| 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, 2005 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000360881 05/05/05-80052-005 70.00 |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD CARROLL, DAVID 3100 S.W. 62ND AVE. MIAMI, FL 33155 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SUSSMANE, JEFFREY MD 3100 SW 62ND AVENUE MIAMI, FL 33155 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BRENNAN, BARRY 3100 SW 62ND AVENUE MIAMI, FL 33155 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROZEK, THOMAS 3100 SW 62ND AVENUE MIAMI, FL 33155 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CC RESNICK, TREVOR J 3100 SW 62ND AVENUE MIAMI, FL 33155 | | |
| TITLE 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:  DAVID W. CARROLL 4/27/05 (305) 666-6571 | | Daytime Phone # EXT 2506 | |