

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003001

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** MARINERS PHYSICIAN HOSPITAL ORGANIZATION, INC.

**Current Principal Place of Business:**

91500 OVERSEAS HWY  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

91500 OVERSEAS HWY  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 65-0734038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, DAVID  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: LAZO, NELSON  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: BADANO, M.D., SARA  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

Title: T ( ) Delete  
Name: LONG, ERIK  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: MAGRANE, M.D., BRIAN  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOREJON MD, ORLANDO  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROWN-SOLTERO MD, ELISA  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON LAZO

CD

04/09/2009

Electronic Signature of Signing Officer or Director

Date