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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707629 (2)
1. Corporation Name
SOUTH FLORIDA HOSPITAL ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
8181 MIAMI LAKES DR W STE 200 MIAMI LAKES FL 33016-5817 US		8181 MIAMI LAKES DR W SUITE 200 MIAMI LAKES FL 33016-5817 US	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
07/23/1964	03/14/1994
4. FEI Number	Applied For / Not Applicable
59-0979494	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

QUICK, LINDA S
8181 MIAMI LAKES DR
SUITE 200
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

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 607.0502 and 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
	P QUICK, LINDA S 8181 MIAMI LAKES DR W MIAMI FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CD STEIGMAN, DON S 5757 N DIXIE HWY FT LAUDERDALE FL	1.3 STREET ADDRESS	
	SD ALEMAN, RALPH A 1400 NW 12TH AVE MIAMI FL	1.4 CITY - ST - ZIP	
	TD CALDERIN, CAROLINA 5859 NW 7TH ST. MIAMI FL 33128	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D TUDANGER, EDWARD 2001 W 68TH ST HIALEAH FL	2.2 NAME	
	DP FRIEDEWALD, DON 1100 NW 95TH ST MIAMI FL	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda S Quick
Linda S Quick

2/20/95
Name: _____
(305) 825-4007
Telephone Number