

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # 707629 (2)

1. Corporation Name

~~SOUTH FLORIDA HOSPITAL ASSOCIATION, INC.~~

SOUTH FLORIDA HOSPITAL & HEALTHCARE ASSOCIATION



Principal Place of Business	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

3. Date Incorporated or Qualified 07/23/1964	3a. Date of Last Report 03/01/1995
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-0979494	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
QUICK, LINDA S 8181 MIAMI LAKES DR SUITE 200 MIAMI LAKES FL 33016				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, LINDA S		1.2 NAME				
STREET ADDRESS	8181 MIAMI LAKES DR W		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P.D. URSICH, SYLVIA			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGMAN, DON S		2.2 NAME	2500 SW 75 AVENUE			
STREET ADDRESS	5757 N DIXIE HWY		2.3 STREET ADDRESS	MIAMI, FL 33155			
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEMAN, RALPH A		3.2 NAME	CLIFFORD BAUER			
STREET ADDRESS	1400 NW 12TH AVE		3.3 STREET ADDRESS	651 E 25 ST			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33133			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	C.D.			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERIN, CAROLINA		4.2 NAME	CALDERIN CAROLINA			
STREET ADDRESS	5959 NW 7TH ST.		4.3 STREET ADDRESS	5959 NW 7TH ST			
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	MIAMI FL 33126			
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	70000175380			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, HOLLY		5.2 NAME	-03/22/96--01015--008			
STREET ADDRESS	3600 WASHINGTON ST		5.3 STREET ADDRESS	***61.25			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP				
TITLE	DP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDEWALD, DON		6.2 NAME	DENARVAEZ, DENNY			
STREET ADDRESS	1100 NW 95TH ST		6.3 STREET ADDRESS	5000 W OAKLAND PK Blvd			
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33313			

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 Quick* (305) 825-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95) 3-21-1996