FILE NOW: FILING FEE IS $61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 717217 (4)

1. Corporation Name

AMERICAN HOSPITAL OF MIAMI, INC.

Principal Place of Business	Mailing Address
8701 S.W. 137TH AVENUE 300 MIAMI FL 33183 US	8701 S.W. 137TH AVE 300 MIAMI FL 33183-4498 US

3. Date Incorporated or Qualified: 09/22/1969
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 11880 Bird Road
Suite, Apt. #, etc.
22 #201
City & State
23 Miami, FL
24 Zip 33175
25 Country USA

2a. Mailing Address
26 11880 Bird Road
Suite, Apt. #, etc.
27 #201
City & State
28 Miami, FL
29 Zip 33175
30 Country USA

4. FEI Number: 59-1407429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN MUDD
8701 S.W. 137TH AVE
#300
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: John Mudd
82 Street Address (P.O. Box Number Is Not Acceptable): 11880 Bird Road
83: #201
84 City: Miami FL 85 Zip Code: 33175

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 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 617.0503, Florida Statutes.

SIGNATURE John Mudd
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WIENER, A. B.		1.2 NAME		
STREET ADDRESS	8701 S.W. 137TH AVENUE, #300		1.3 STREET ADDRESS	11880 Bird Road, #201	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERREID, ERNEST O MD		2.2 NAME		
STREET ADDRESS	1350 S POWERLINE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHAEFER, PAUL		3.2 NAME		
STREET ADDRESS	8701 S.W. 137TH AVE, #300		3.3 STREET ADDRESS	11880 Bird Road, #201	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33175	
TITLE	PD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MUDD, JOHN		4.2 NAME		
STREET ADDRESS	8701 S.W. 137TH AVENUE, 300		4.3 STREET ADDRESS	11880 Bird Road, #201	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl 33175	
TITLE	PD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HANTMAN, ARNOLD		5.2 NAME		
STREET ADDRESS	8701 S.W. 137TH AVENUE, 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MIRANDA, ELDA		6.2 NAME		
STREET ADDRESS	8701 S.W. 137TH AVE., #300		6.3 STREET ADDRESS	11880 Bird Road, #201	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33175	

CR2E037 (9/96)

14. I do 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 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: SIGNATURE REQUIRED John Mudd 305-229-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033606