# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2009**
**Secretary of State**

DOCUMENT# 717217

**Entity Name:** AMERICAN HOSPITAL OF MIAMI, INC.

**Current Principal Place of Business:**

5601 NORTH DIXIE HWY., STE 420
FT. LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

5601 NORTH DIXIE HWY.
SUITE 411
FT. LAUDERDALE, FL 33334 US

**Current Mailing Address:**

5601 NORTH DIXIE HWY., STE 420
FT. LAUDERDALE, FL 33334 US

**New Mailing Address:**

5601 NORTH DIXIE HWY.
SUITE 411
FT. LAUDERDALE, FL 33334 US

**FEI Number: 59-1407429** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

LINCOLN, TIMOTHY C ESQ
LINCOLN ESQ PA
46 N. E. 6TH ST
MIAMI, FL 33132 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: VPDS ( ) Delete
Name: LINCOLN, TIMOTHY C
Address: 5601 NORTH DIXIE HIGHWAY STE. 411
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S ( ) Delete
Name: JOHNS, PHYLLIS
Address: 5601 NORTH DIXIE HIGHWAY STE. 411
City-St-Zip: FORT LAUDERDALE, FL 33334

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

Title: PD (X) Change ( ) Addition
Name: LINCOLN, TIMOTHY C
Address: 5601 NORTH DIXIE HIGHWAY STE. 411
City-St-Zip: FORT LAUDERDALE, FL 33334

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

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: TIMOTHY C. LINCOLN PD 04/08/2009
Electronic Signature of Signing Officer or Director — Date