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FILED - TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 755952

1. Corporation Name
MEMORIAL FOUNDATION, INC.

Principal Place of Business Mailing Address
3700 JOHNSON STREET 3700 JOHNSON STREET
HOLLYWOOD, FL HOLLYWOOD, FL
33021 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report 5-1-94
4. FEI Number 59-2082218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 194.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt #, etc.	26 Suits, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARY LYNN COHEN 3700 JOHNSON STREET HOLLYWOOD, FL 33021				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary Lynn Cohen DATE: 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman, Board of Trustees	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest G. Sayfie, MD	12 NAME	
STREET ADDRESS	1117 E. Hallandale Beach Blvd.	13 STREET ADDRESS	
CITY ST ZIP	Hallandale, FL 33009	14 CITY ST ZIP	
TITLE	Vice-Chair, Board of Trustees	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Livingston, MD	22 NAME	
STREET ADDRESS	3501 Johnson Street	23 STREET ADDRESS	700001499887
CITY ST ZIP	Hollywood, FL 33021	24 CITY ST ZIP	-05/26/95--01037--007
TITLE	Treasurer, Board of Trustees	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mildred Nolan	32 NAME	
STREET ADDRESS	4700 Sheridan Street, #J	33 STREET ADDRESS	
CITY ST ZIP	Hollywood, FL 33021	34 CITY ST ZIP	
TITLE	Secretary, Board of Trustees	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nick Masi, MD	42 NAME	
STREET ADDRESS	2401 Laguna Drive	43 STREET ADDRESS	
CITY ST ZIP	Ft. Lauderdale, FL 33316	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Mary Lynn Cohen DATE: 4-27-95 305-985-3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR