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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

SIGNATURE:

POCUMENT # 747255

(8)

BAPTIST/SOUTH MIAMI HOSPITAL FOUNDATION, INC.

FILED Apr 23 1998 8:00am Secretary of State

| DAFIIS | 1/30011 | 1 IVIIAIVII NOS | FIIAL FOU | MUATIO | M, INC. | | | | | | | | | |
|---|---|--|--|---|--------------------------------------|---|-------------------------------|---|-----------------------------|---|---|--|---|---|
| Principal Place | e of Busines | \$ | N | Mailing Address | | | | | | F HOORHI HOOM BIBIR A | 1866 11861 B3181 | | EL BUDUL BUTER I | |
| 8900 NORTH KENDALL DRIVE MIAMI FL 33176 | | | | 8900 NORTH KENDALL DRIVE MIAMI FL 33176 | | | | | | 3. Date Incorporated of 05/18/1979 4. FEI Number | or Qualified | | | |
| | | | | | | | | | | 59-1923401 | | | | Applied For lot Applicable |
| 2. Principal P | lace of Busin | ness | 2a | 2a. Mailing Address | | | | | | 5. Certificate of Status | Dogirod | | | Additional |
| 21 | 26 | | | | | | | Gertificate of Status | Desired | | | Required | | |
| Suite, Apt #, etc. | | | | Suite, Apt. #, etc. 27 5th Floor | | | | | | Election Campaign Trust Fund Contribution | • | | | May Be to Fees |
| City & State | 28 | City & State 28 Coral Gables, Florida | | | | | | 7. Is this nonprofit corporation a homeowners assectiation? Yes D No | | | | | | |
| Zip Country | | | III E | — ' — | | | Country | | | 8. This corporation ow | | | | |
| 24 | O Nama | 25 | Current Book | 33143 | | 30 p | ad | | | Personal Property 7 10. Name and Addres | | | | No No |
| <u></u> | v. Name | and Address of | Current Regn | stered Age | int | | 81 | Name | | v. Name and Addres | S OI NOW I | eðisielen | Agent | |
| ROBERT | C PAAI | | | | | | | | | Jody Lehma (P.O. Box Number is I | n. Esq | | | |
| 130505 | | | | | 82 Street Address (P 6855 Red | | | s (P.O. Box Number is I Red Road | lot Accepta | ible) | | | | |
| MIAMI FI | | | | | 83 | | | | | | | | | |
| | | | | | | - | 84 | City | | | | | oe 7in | Code |
| | | | | | | | 87 | City C | Coral | Gables, | | FL | , 85 Zip , 33 | 143 |
| 11. Pursuant | to the provis | ions of Sections (| 617.0502 and 6 | 517.1508, F | lorida Statu | tes, the ab | OVE | e-named co | orpora | tion submits this staten | nent for the | purpose of | changing | its registered |
| agent. I a | ım fanıllıay w | ith and eccepth | e obligations of | of, Section (| 617.0503, FI | orida Statu | ites | s. | , allon | 's board of directors. H | icicby acc | opt into app | on an one a | o registeres |
| SIGNATURE . | Jos | ly De | for | Jody L | ehman | Vice | Pr | resident | t & (| General Counsel then reinstaling) | BHS | DATE | | |
| 12. OFFICERS AND DIRECTORS | | | | | | | | ant signature re | equired w | ADDITIONS/CHANG | | | DIRECTO | RS IN 12 |
| TITLE / | PD | 011100 | | | DELETE | 13. 1.1 Tel | LE | 1 | | | | | Change | |
| NAME | | OBERT G. | | | | 1.2 NA | ME | | | | | | | |
| STREET ADDRESS 13505 SW 72ND COURT | | | T | | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | L 33155 | | | | 1.4 CIT | Y-5 | ST-ZIP | | | | | | |
| TITLE | CD | | | L | DELETE | 2.1 TIT | | | | | | | L Change | Addition |
| NAME | | | | | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS 84 HIBISCUS DRIVE | | | ļ | | | | 2.3 STREET ADDRESS | | | | | | | |
| CITY-S1-ZIP TITLE | | | | DELETE | | | 2. 4 CITY-ST-ZIP 3.1 TITLE | | | | | | Change | Addition |
| NAME | GLUCK, PAUL | | | | | | 3.2 NAME | | | | | | CT Owners | |
| STREET ADDRESS 10165 84 COURT | | | | | | | 3.3 STREET ADORESS | | | | | | | |
| | CITY-ST-ZIP MIAMI FL | | | | | 3.4 CI | | | | | | | | |
| TITLE | TD | | | | DELETE | 4.1 101 | | | | - | | | ☐ Change | Addition |
| NAME | SOULE, | | | | | 4. 2 N | ME | | | | | | | |
| STREET ADDRESS | | V 97 STREET | | | | 4.3 STI | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI F | L | | | T = 1 | 4.4 CIT | | ST-ZIP | | | | | | |
| TITLE | SO | MATERN LIE | | L |] DELETE | 5.1 TIT | | | | | | | ☐ Change | Addition |
| NAME | | NSTERN, MEL | E #4000 | | | 5.2 NA | | | | | | | | |
| STREET ADDRESS | | iambra circli Gables fl | # 1200 | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | CFO | WHOLES I'L | · · · · · · · · · · · · · · · · · · · | | DELETE | 5.4 CHT 6.1 TIT | | 01-71F | | | | | Change | Addition |
| NAME | 1 | N, RALPH E | | | | 6.2 NA | | | | | | | • | |
| STREET ADDRESS | | KENDALL DRIV | E | | | | | ADDRESS | | | | | | |
| CITY - ST - 7IP | MIAMI F | L | | | | 6.4 CiT | Y - S | ST - ZIP | | | | | | |
| 14. I hereby of indicated officer or Block 12 | certily that the on this annu- director of the or Block 13 | e information supplied report or supplied corporation of if changed, or on | plied vith this emeryal annua the receiver or an intachment | filing does at report is trustee em t with an ac | not quality true and accompowered to | or the exe curate and execute the | mp tha | ation stated at my signa report as re | in Sec ature s equire | ction 119.07(3)(i), Floric shall have the same leg id by Chapter 617, Flori | la Statutes. al effect as da Statutes | I further ce if made un ; and that i | ertify that th ider oath; t my name a | e information hat I am an ppears in |