

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT.  
1996



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

DOCUMENT # **270277** (7)  
1. Corporation Name  
**SOUTH SHORE HOSPITAL, INC.**



Principal Place of Business Mailing Address  
**C/O EDWARD E. LEVINSON, ESO.  
407 LINCOLN RD PENTHOUSE EAST  
MIAMI BCH FL 33139**

3. Date Incorporated or Qualified **05/24/1963** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1034538** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**

**LEVINSON, EDWARD E.  
407 LINCOLN RD PENTHOUSE EAST  
MIAMI BCH. FL 33131**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

**12. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>BERKSON, MARSHALL H.</b>   |                                 |
| STREET ADDRESS | <b>630 ALTON RD.</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>         |                                 |
| TITLE          | <b>VPD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>FINE, SEYMOUR M.D.</b>     |                                 |
| STREET ADDRESS | <b>630 ALTON RD.</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>         |                                 |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>ZUBKOFF, WILLIAM PH.D.</b> |                                 |
| STREET ADDRESS | <b>630 ALTON RD.</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>         |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

**400001801754**  
**-04/30/96--01097--027**  
**\*\*\*200.00**

*43096 JR*

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (12/95)