

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700061 (5)

1. Corporation Name

SOUTH MIAMI HOSPITAL, INC.



Principal Place of Business

Mailing Address

7400 S.W. 62ND AVENUE
SOUTH MIAMI FL 33143

7400 S.W. 62ND AVENUE
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified
10/19/1959

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6200 S.W. 73rd Street

26 6200 S.W. 73rd Street

4. FEI Number

59-0872594

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

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

Miami, FL

28

City & State

Miami, FL

24

Zip

33143

Country

29

Zip

33143

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRACKIN, D. WAYNE
6200 SW 73RD STREET
MIAMI FL 33143

81

Name

Jody Lehman

82

Street Address (P.O. Box Number is Not Acceptable)

8900 N. Kendall Drive

83

Legal Department

84

City

Miami,

FL

85

Zip Code

33176

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4.29.96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TO
CORRIGAN, GEORGE
STREET ADDRESS 2701 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME CD
DUBE', ROBERT
STREET ADDRESS 100 N BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME SD
LOEWENHERZ, JAMES M
STREET ADDRESS 9000 SW 87 CT #215
CITY-ST-ZIP MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME VCD
MACKLER, MELVIN M
STREET ADDRESS 7330 SW 62ND PLACE
CITY-ST-ZIP MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☒ DELETE

NAME R
GEANES, JOHN H.
STREET ADDRESS 6200 S.W. 73 STREET
CITY-ST-ZIP MIAMI FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME D. Wayne Brackin
STREET ADDRESS 6200 SW 73 Street
CITY-ST-ZIP Miami, FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

(305)

662-8100

Daytime Phone #

CR2E037 (12/95)