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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700061** (5)

1. Corporation Name

SOUTH MIAMI HOSPITAL, INC.

Principal Place of Business

Mailing Address

**6200 SW 73RD ST.
MIAMI FL 33143**

**6200 SW 73RD ST.
MIAMI FL 33143-4955**



3. Date Incorporated or Qualified
10/19/1959

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEHMAN, JODY
8900 N. KENDALL DR.
LEGAL DEPT.
MIAMI FL 33176**

10. Name and Address of New Registered Agent

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 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

Jody Lehman

(NOTE: Registered Agent signature required when reinstating)

3/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORRIGAN, GEORGE	
STREET ADDRESS	2701 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DEBES, ROBERT	
STREET ADDRESS	100 N. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOEWENHERZ, JAMES M	
STREET ADDRESS	9000 SW 87 CT., #215	
CITY-ST-ZIP	MIAMI FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MACKLER, MELVIN M	
STREET ADDRESS	7330 SW 62ND PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRACKIN, WAYNE	
STREET ADDRESS	6200 SW 73 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORRIGAN, GEORGE
1.3 STREET ADDRESS	1228 S. Greenway Drive
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUBE, ROBERT
2.3 STREET ADDRESS	US District Ct, 300 NE 1st Ave.
2.4 CITY-ST-ZIP	Miami, FL 33132
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 checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7330 SW 62ND Place, #200
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

Daytime Phone # 0030080

CR2E037 (9/96)