


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700061 (5)**  
1. Corporation Name  
**SOUTH MIAMI HOSPITAL, INC.**



Principal Place of Business <b>7400 S.W. 62ND AVENUE SOUTH MIAMI FL 33143</b>	Mailing Address <b>7400 S.W. 62ND AVENUE SOUTH MIAMI FL 33143</b>
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3. Date Incorporated or Qualified <b>10/19/1959</b>	
4. FEI Number <b>59-0872594</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEHMAN, JODY 8900 N. KENDALL DR. LEGAL DEPT. MIAMI FL 33176</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 DATE 2/6/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIGAN, GEORGE	1.2 NAME	
STREET ADDRESS	1228 S GREENWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBE, ROBERT	2.2 NAME	
STREET ADDRESS	US DISTRICT CT, 300 NE 1ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWENHERZ, JAMES M	3.2 NAME	
STREET ADDRESS	9000 SW 87 CT., #215	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKLER, MELVIN M	4.2 NAME	
STREET ADDRESS	7330 SW 62ND PLACE, #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKIN, WAYNE	5.2 NAME	
STREET ADDRESS	6200 SW 73 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, upon an attachment with an address.

SIGNATURE: [Signature] DATE: 2/10/98 TELEPHONE: 305-662-8100

CR2E037 (1097)