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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

700061

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FILED
Mar 09 1998 8:00am
Secretary of State

SOUTH MIAMI HOSPITAL, INC.) Prandu regio danio danio prince diveri	INDI BIBLI DADII DIBLI DIDA DIDA DIDA DIDI
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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	
			4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address		59-0872594	Not Applicable
21	26		6. Certificate of Status Desired	S8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22	27		Trust Fund Contribution	Added to Fees
City & State	City & State		7. Is this nonprofit corporation a ho	omeowners association? Yes No
Zip Country	Zip	Country	8. This corporation owes or has pa	
24 25	29	30	Personal Property Tax due June	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
		81 Name		
LEHMAN, JODY		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
8900 N. KENDALL DR.		83	·	
LEGAL DEPT. MIAMI FL 33176		<u></u>		
MICHIEL SOTTO		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502	and 617.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the p	
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am farming with, and accept the obligation 	l Florida. Such change was pns of, Section 617.0503, F	authorized by the corporal lorida Statutes.	tion's board of directors. I hereby accep	pt the appointment as registered
SIGNATURE	mon			2/6/98
Signature, typed or purited harne of registered agent		TE: Registered Agent signature requi	red when reinstating)	2/6/98
Signature, typed or partied harne of registered agent in OFFICERS AND I	DIRECTORS	13.		DATE DATE OF THE CORN IN 12
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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, or pn an attachment with an address.

SIGNATURE:

2/10/98

305-662-8/00