

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700061

1. Entity Name

SOUTH MIAMI HOSPITAL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0872594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Lehman, Jody

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

6855 Red Road, 5th Floor

City

CORAL GABLES

FL

Zip Code

33143

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VCD ☐ Delete  
NAME REISS, IAN MD  
STREET ADDRESS 9075 SW 87 AVE 414  
CITY-ST-ZIP MIAMI FL

TITLE CD ☐ Delete  
NAME DUBE, ROBERT  
STREET ADDRESS US DISTRICT CT, 300 NE 1ST AVE  
CITY-ST-ZIP MIAMI FL

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

TITLE VCD ☒ Delete  
NAME MACKLER, MELVIN M  
STREET ADDRESS 7330 SW 62ND PLACE, #200  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME BRACKIN, WAYNE  
STREET ADDRESS 6200 SW 73 STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 900003455139-1  
STREET ADDRESS -11/07/00--01051--023  
CITY-ST-ZIP \*\*\*\*236.25 \*\*\*\*236.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Wayne Brackin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/21/00

AD

CR2E037 (5/00)

0005609

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:37



REINSTATEMENT *00*