2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 700061** 1. Entity Name SOUTH MIAMI HOSPITAL, INC.

FILED -- Feb 22, 2001 8:00 am B Secretary of State 02-22-2001 90135 048 ****61.25

Principal Plac								
	e of Business	Mailing Address						
7400 S.W. 62ND AVENUE SOUTH MIAMI FL 33143		7400 S.W. 62ND AVENUE SOUTH MIAMI FL 33143			(& V	0 0 0		
				111		10) 010H 035H 510 H 1		N 1816 S118
	lace of Business -	3. Mailing Address	-A-1 A-1	1				
Suite, Apt.	SW 13 Street	6200 5W Suite, Apt. #, etc.	13 Stree	7	DO NOT WRITE	IN THIS SPACE		
Collo, Apt.	,, 0.0.	. , .			50110111111121			
City & State		City & State		4. FEI Nur	59-0872594			plied For Applicable
<u>Mia</u>	m, Florida Country	Miami, F	<u>lorida</u> Country			\$8.75		
3314	13 USA	33143	USA		ate of Status Desired	Fee Re		
	6. Name and Address of Current R	legistered Agent	Name	7. Name a	and Address of New Reg	Istered Agent		
LEHMAN,		Street A	ddress (P.O. Box Nur	mber is Not Acceptable)				
6855 RED								
5TH FLOO	JH ABLES FL 33143		City		1998 - 1999 1	FL Zip	Code)
	named entity submits this statement for	1			hath is the state of Florid			
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signate	ure required when reinstating		DATE ·		
		* -	F		Mate	Nh - ml. Dovoh	 In An	
	FILE NOW: 5 FEE IS \$61.25	9.* Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		Check Payab rtment of Sta		
	1 EE 13 401.23							
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-	VCD REISS, IAN MD 9075 SW 87 AVE 414 MIAMI FL		11. TITLE NAME		<u> </u>	AND DIRECTO	RS IN	Addition
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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:

305-662-8/00

Daytime Phone #