

2002 - **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90039 003 ****61.25

DOCUMENT # **700061**
1. Entity Name
SOUTH MIAMI HOSPITAL, INC. ✓

851648

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6200 S.W. 73rd Street

3. Mailing Address
6855 Red Road-Suite 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33143

City & State

Coral Gables, FL 33143

Zip

Country

Zip

Country

4. FEI Number

59-0872594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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

FEE IS \$61.25

Initial or Amended UBR

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
NAME	Reiss, Ian, M.D.
STREET ADDRESS	9075 SW 87th Avenue 414
CITY - ST - ZIP	Miami, FL
TITLE	CD
NAME	Dube, Robert
STREET ADDRESS	US District Ct, 300 NE 1st Ave
CITY - ST - ZIP	Miami, FL
TITLE	Secretary
NAME	Graham, Michael, M.D.
STREET ADDRESS	6250 Sunset Drive
CITY - ST - ZIP	Miami, FL 33143
TITLE	D
NAME	Brackin, Wayne
STREET ADDRESS	6200 SW 73rd Street
CITY - ST - ZIP	Miami, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. W. BRACKIN 305-662-8100

Date

Daytime Phone #

CR2E037B (12/01)