

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700061

FILED
Jan 06, 2009
Secretary of State

Entity Name: SOUTH MIAMI HOSPITAL, INC.

Current Principal Place of Business:

6200 SW 73 STREET
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6200 SW 73 STREET
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-0872594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
5TH FLOOR
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

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: DAVID R. FRIEDMAN, ESQ.

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DUBE, ROBERT
Address: US DISTRICT CT, 300 NE 1ST AVE
City-St-Zip: MIAMI, FL 33132

Title: VCD () Delete
Name: GRAHAM, MD, MICHAEL
Address: 6250 SUNSET DRIVE SECOND FLOOR
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: HERNANDEZ-LICHTL, JAVIER
Address: 6200 SW 73 STREET
City-St-Zip: MIAMI, FL 33143

Title: ST () Delete
Name: CORRIGAN, GEORGE
Address: 1228 S GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL 334134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HERNANDEZ-LICHTL, JAVIER
Address: 6200 SW 73 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: C (X) Change () Addition
Name: DUBE, ROBERT L
Address: 6200 SW 73 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VC (X) Change () Addition
Name: GRAHAM, MICHAEL F MD
Address: 6200 SW 73 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: S (X) Change () Addition
Name: RODRIGUEZ, DOMINGO C
Address: 6200 SW 73 STREET
City-St-Zip: SOUTH MIAMI, FL 334143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER HERNANDEZ-LICHTL

CEO

01/06/2009

Electronic Signature of Signing Officer or Director

Date