

FILED

Jun 09, 2003 8:00 am

Secretary of State

05-01-2003 90390 035 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
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

44003834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City &amp; State

City &amp; State

4. FEI Number 59-0872594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, JODY  
6855 RED ROAD  
5TH FLOOR  
CORAL GABLES FL 33143

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida 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 FLTITLE CD ☐ Delete  
NAME DUBE, ROBERT  
STREET ADDRESS US DISTRICT CT, 300 NE 1ST AVE  
CITY-ST-ZIP MIAMI FLTITLE S ☐ Delete  
NAME GRAHAM, MD, MICHAEL  
STREET ADDRESS 6250 SUNSET DRIVE SECOND FLOOR  
CITY-ST-ZIP MIAMI FL 33143TITLE D ☐ Delete  
NAME BRACKIN, WAYNE  
STREET ADDRESS 6200 SW 73 STREET  
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33132TITLE VCD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☐ Change ☒ Addition  
NAME Hauser, Mark  
STREET ADDRESS 7000 SW 62 Ave. #201  
CITY-ST-ZIP Miami, FL 33143TITLE ☐ Change ☐ Addition  
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, when so other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

786-662-8100

Daytime Phone #

CR2E037 (10/02)