FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706434** **(8)**

1. Corporation Name

HIALEAH HOSPITAL, INC.

Principal Place of Business	Mailing Address
651 E 25TH ST HIALEAH FL 33013	651 E 25TH ST HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1963
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-0657867 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LINTON, CHARLES B.
651 EAST 25 STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name: Bauer, Clifford
82 Street Address (P.O. Box Number is Not Acceptable): 651 East 25th Street
83
84 City: Hialeah **FL** 85 Zip Code: 33013

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	LINTON, CHARLES B.	12 NAME	Bauer, Clifford	
STREET ADDRESS	651 EAST 25TH STREET	13 STREET ADDRESS	651 East 25th Street	
CITY-ST-ZIP	HIALEAH FL 33013	14 CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	COY, ROBERT E. J.D.	22 NAME		
STREET ADDRESS	651 EAST 25TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013	24 CITY-ST-ZIP		
TITLE	EVP	31 TITLE		☐ Change ☐ Addition
NAME	SNYDER, DAVID M.	32 NAME		
STREET ADDRESS	651 EAST 25TH ST	33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP		
TITLE	DVC	41 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, O.D. M.D.	42 NAME		
STREET ADDRESS	651 E 25TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	V	☒ Change ☐ Addition
NAME	CASADEMONT, ANDRES J.	52 NAME	West, Arthur B.	
STREET ADDRESS	651 EAST 25TH STREET	53 STREET ADDRESS	651 East 25th Street	
CITY-ST-ZIP	HIALEAH FL 33013	54 CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	DT	61 TITLE		☐ Change ☐ Addition
NAME	BRODERSEN, ELLEN H.	62 NAME		
STREET ADDRESS	651 EAST 25TH STREET	63 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95 305-836-4240
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006313