FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710165 (2)

1. Corporation Name
NORTH SHORE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1100 N. W. 95 STREET MIAMI FL 33150-9098	1100 N. W. 95 STREET MIAMI FL 33150-9098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1966
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-0694393 ☐ 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

MACLAUCHLAN, STEVEN
1100 N.W. 95 STREET
MIAMI FL 33150-9098

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VCD	☒ Change ☐ Addition
NAME	SHAYKHER, CHAD M. D.	1.2 NAME		
STREET ADDRESS	1100 NW 95TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GERBER, PAUL U.	2.2 NAME		
STREET ADDRESS	1100 NW 95TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	VCD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CORIN, MORTON S. M.D.	3.2 NAME		
STREET ADDRESS	1100 NW 95TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ALDRICH, JUAN L.	4.2 NAME		
STREET ADDRESS	1100 NW 95TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIGLUS, GEORGE F M.D.	5.2 NAME		
STREET ADDRESS	1100 NW 95TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BACON-GREEN, YOLANDA M	6.2 NAME		
STREET ADDRESS	1100 NW 95TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 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: _____ CHAIRMAN (305) 835-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George Daviglus, M.D.

0042060

NORTH SHORE MEDICAL CENTER, INC.
BLOCK #12 - Continued

7/10/65

7.1	TITLE	SD			
7.2	NAME	FISCHER		KENNETH	C.
7.3	ADDRESS	1100 N.W. 95TH ST.			
7.4	CITY-ST-ZIP	MIAMI	FL	33150-2098	
8.1	TITLE	D			
8.2	NAME	KING		JOHN	A.
8.3	ADDRESS	1100 N.W. 95TH ST.			
8.4	CITY-ST-ZIP	MIAMI	FL	33150-2098	
9.1	TITLE	D			
9.2	NAME	SASTRE		CESAR	J.
9.3	ADDRESS	1100 N.W. 95TH ST.			
9.4	CITY-ST-ZIP	MIAMI	FL	33150-2098	
10.1	TITLE	D			
10.2	NAME	LAUREDO		LUIS	J.
10.3	ADDRESS	1100 N.W. 95TH ST.			
10.4	CITY-ST-ZIP	MIAMI	FL	33150-2098	
11.1	TITLE	D			
11.2	NAME	PRYSTOWSKY		HARRY	
11.3	ADDRESS	1100 N.W. 95TH ST.			
11.4	CITY-ST-ZIP	MIAMI	FL	33150-2098	
12.1	TITLE	D			
12.2	NAME	THURSTON		MAXINE	A.
12.3	ADDRESS	1100 N.W. 95TH ST.			
12.4	CITY-ST-ZIP	MIAMI	FL	33150-2098	