

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33150-2038



2. Principal Place of Business	2a. Mailing Address
21 c/o Sandra R. Giblin	26 c/o Sandra R. Giblin
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1100 N. W. 95 Street	27 1100 NW 95 Street
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip	Zip
24 33150	29 33150
Country	Country
25	30

3. Date Incorporated or Qualified 01/04/1966	3a. Date of Last Report 04/30/1996
4. FEI Number 59-0694393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER LOBLACK
C/O NORTH SHORE MEDICAL CENTER
MIAMI FL 33150

81 Name Sandra R. Giblin
82 Street Address (P.O. Box Number Is Not Acceptable) 1100 NW 95 Street, 4th Floor
83
84 City Miami
85 Zip Code FL 33150

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sandra R. Giblin
Signature, typed or printed name of registered agent and title if applicable

Sandra R. Giblin

(NOTE: Registered Agent signature required when reinstating)

4/28/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAR J. SASTRE, 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	D <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, PAUL U.	2.2 NAME	William J. Heffernan
STREET ADDRESS	1100 NW 95TH STREET	2.3 STREET ADDRESS	2720 Coral Way
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33145-3271
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORIN, MORTON S. M.D.	3.2 NAME	Luis J. Lauredo
STREET ADDRESS	1100 NW 95TH STREET	3.3 STREET ADDRESS	1221 Brickell Ave, 23rd Floor
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRICH, JUAN L.	4.2 NAME	Mohsin Jaffer, M.D.
STREET ADDRESS	1100 NW 95TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	SD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH C. FISCHER, M. D.	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 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:

George F. Daviglus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George F. Daviglus M.D. 4/28/97 305-4828
Date Daytime Phone # 0030840

CR2E037 (9/96)