

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767827 (9)

1. Corporation Name

NORTH SHORE MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O VINCENT SCHAFMEISTER JR.
1100 NW 95 ST. N. SHORE MEDICAL CTR.
MIAMI FL 33150**

**C/O VINCENT SCHAFMEISTER JR.
1100 NW 95 ST. N. SHORE MEDICAL CTR.
MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1983

3a. Date of Last Report

02/22/1994

4. FEI Number

59-2281243

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAFMEISTER, JR., VINCENT J.
1100 NW 95 ST. N. SHORE MEDICAL CTR.
MIAMI FL 33150**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DAVIGLUS, GEORGE F
STREET ADDRESS	1190 NW 95 ST, 101
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	SCHAFMEISTER, VINCENT
STREET ADDRESS	848 NE 100 STREET
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	DS
NAME	GERBER, PAUL U
STREET ADDRESS	9999 NE 2 AVE 303
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	D
NAME	LOFFREDO, MARCO B.
STREET ADDRESS	505 N.E. 125 STREET
CITY - ST - ZIP	N. MIAMI FL
TITLE	D
NAME	FRIEDEWALD, DON E.
STREET ADDRESS	312 OAK STREET
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	DT
NAME	GARDNER, DONALD F., JR.
STREET ADDRESS	5451 SW 85 ST.
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DS
3.3 STREET ADDRESS	Fischer, Kenneth
3.4 CITY - ST - ZIP	1190 NW 95 St. #402 Miami, FL 33150
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vincent J. Schafmeister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vincent J. Schafmeister

4/6/95

(305)835-6102

Date

Daytime Phone #