FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/06/1983	05/01/1995

4. FEI Number	
59-2281243	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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	21		2a. Mailing Address	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

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

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 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 _____

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

12. OFFICERS AND DIRECTORS

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DP	DAVIGLUS, GEORGE F	1190 NW 95 ST, 101	MIAMI FL	☐
	DV	SCHAFMEISTER, VINCENT	848 NE 100 STREET	MIAMI SHORES FL	☐
	DS	FISCHER, KENNETH	1190 NW 95TH STREET #402	MIAMI FL	☐
	D	LOFFREDO, MARCO B.	505 N.E. 125 STREET	N. MIAMI FL	☐
	D	FRIEDEWALD, DON E.	312 OAK STREET	HOLLYWOOD FL	☐
	DT	GARDNER, DONALD F., JR.	5451 SW 85 ST.	MIAMI FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	1.1	1.2	1.3	1.4	☐	☐
2	2.1	2.2	2.3	2.4	☐	☐
3	3.1	3.2	3.3	3.4	☐	☐
4	4.1 D	4.2 THURSTON, MAXINE, Ph.D.	4.3 1175 NE 125 STREET	4.4 N. MIAMI, FL 33161	☒	☐
5	5.1 D	5.2 KLEIN, STEVEN M.	5.3 1100 NW 95 STREET	5.4 MIAMI FL 33150	☒	☐
6	6.1	6.2	6.3	6.4	☐	☐

```
3000017739363
-03/12/96--01020--003
***61.25
```

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____   2/22/96   (305) 835-6102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Vincent J. Schafmeister, Jr.

CR2E037 (12/95)