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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33150C/O VINCENT SCHAFMEISTER JR.
1100 NW 95 ST., N. SHORE MEDICAL CTR.
MIAMI FL 331503. Date Incorporated or Qualified
04/06/19833a. Date of Last Report
03/11/1996

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 NW 95 Street, 4th Floor

27 1100 NW 95 Street, 4th Floor

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33150

25

29 33150

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, DONALD F. JR.
1100 NW 95 ST.
MIAMI FL 33150

81 Name

Sandra R. Giblin

82 Street Address (P.O. Box Number is Not Acceptable)

1100 N.W. 95 Street, 4th Floor

83

C/o Administration

84

Miami

FL

85 Zip Code
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

Sandra R. Giblin

3/19/97

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	DP	☐ DELETE
NAME	DAVIGLUS, GEORGE F	
STREET ADDRESS	1190 NW 95 ST, 101	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	George F. Daviglus, M.D.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DV	☐ DELETE
NAME	SCHAFMEISTER, VINCENT	
STREET ADDRESS	848 NE 100 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	

2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Donald F. Gardner
2.3 STREET ADDRESS	1100 NW 95 Street
2.4 CITY-ST-ZIP	Miami, Florida 33150

TITLE	DS	☐ DELETE
NAME	FISCHER, KENNETH	
STREET ADDRESS	1190 NW 95TH STREET #402	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Mohsin Jaffer, M.D.
3.3 STREET ADDRESS	601 N. Flamingo Rd, #304
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33028

TITLE	D	☐ DELETE
NAME	THURSTON, MAXINE PHD.	
STREET ADDRESS	1175 NE 125 STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	

4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	1175 NE 125 Street, #316
4.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	KLEIN, STEVEN M	
STREET ADDRESS	1100 NW 95 STREET	
CITY-ST-ZIP	MIAMI FL 33150	

5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Luis J. Laureda
5.3 STREET ADDRESS	1221 Brickell Ave 23 Floor
5.4 CITY-ST-ZIP	Miami, FL 33131

TITLE	DT	☐ DELETE
NAME	GARDNER, DONALD F., JR.	
STREET ADDRESS	5451 SW 85 ST.	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	William J. Heffernan
6.3 STREET ADDRESS	2720 Coral Way
6.4 CITY-ST-ZIP	Miami, FL 33145-3271

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:

Sandra F. Gardner, CEO 3/19/97 305-835-6188

CR2E037 (9/96)