

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767827** (9)
1. Corporation Name
NORTH SHORE MEDICAL CENTER FOUNDATION, INC.



Principal Place of Business	Mailing Address
1175 N.E. 125TH STREET SUITE 417 NORTH MIAMI FL 33161	1175 N.E. 125TH STREET SUITE 417 NORTH MIAMI FL 33161

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	04/06/1983	
4. FEI Number	59-2281243	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> Yes	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GIBLIN, SANDRA R
1175 N.E. 125TH STREET
SUITE 417
NORTH MIAMI FL 33161

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIGLUS, GEORGE F M.D.	
STREET ADDRESS	1190 NW 95 ST, 101	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHAFMEISTER, VINCENT	
STREET ADDRESS	848 NE 100 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, KENNETH	
STREET ADDRESS	1190 NW 95TH STREET #402	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THURSTON, MAXINE PHD.	
STREET ADDRESS	1175 NE 125 ST, #316	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, STEVEN M	
STREET ADDRESS	1100 NW 95 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, DONALD F., JR.	
STREET ADDRESS	5451 SW 85 ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHESTER H. MORRIS, M.D.	
1.3 STREET ADDRESS	1175 N. E. 125th STREET, #417	
1.4 CITY-ST-ZIP	North Miami, FL 33161	
2.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MALCOLM G. GOLDSMITH, M.D.	
3.3 STREET ADDRESS	1175 N.E. 125th STREET, #417	
3.4 CITY-ST-ZIP	North Miami, FL 33161	
4.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM J. HEFFERNAN	
5.3 STREET ADDRESS	1175 N.E. 125th STREET, #417	
5.4 CITY-ST-ZIP	North Miami, FL 33161	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HAROLD C. SPEAR, M.D.	
6.3 STREET ADDRESS	1175 N.E. 125th STREET, #417	
6.4 CITY-ST-ZIP	North Miami, FL 33161	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 R. Giblin REQUIRED Sandra R. Giblin 1/6/98 305-893-2991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031705

CR2E037 (10/97)

North Dade Medical Foundation, Inc.

1175 N. E. 125 Street, Suite 417 • North Miami, Florida 33161

Telephone (305) 893-2991 • Fax (305) 893-2993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

ADDITIONAL PAGE

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JOHN H. KATHE, M.D.

1175 N.E. 125TH STREET, #417

North Miami, FL 33161



ADDITION

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C. L. WILSON, M.D.

1175 N.E. 125TH STREET, #417

North Miami, FL 33161



ADDITION

D

ALLAN M. GREENBERG, M.D.

1175 N.E. 125TH STREET, #417

North Miami, FL 33161



ADDITION