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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 767827

1. Corporation Name

NORTH SHORE MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business
1175 N.E. 125 Street
Suite #417
North Miami, FL 33161

Mailing Address
1175 N.E. 125 Street
Suite #417
North Miami, FL 33161

Amendment

3. Date Incorporated or Qualified 04/06/1983

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes XX No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GIBLIN, SANDRA R.
1175 N.E. 125 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 _____
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
D/C	VINCENT J. SCHAFMEISTER	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐
D/V	CHESTER H. MORRIS, M.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐
D/S	MAXINE A. THURSTON, Ph.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	XX
D/T	WILLIAM J. HEFFERNAN	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐
D	HAROLD C. SPEAR, M.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐
D	JOHN H. KATHE, M.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ALLAN M. GREENBERG, M.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐	☐
D	C.L. WILSON, M.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐	☐
D	JESSE J. McCrary	1175 N.E. 125 Street, #417	North Miami, FL 33161	☐	☒
VP	SANDRA R. GIBLIN	1175 N.E. 125 Street, #417	North Miami, FL: 33161	☐	XX
D/S	MALCOLM G. GOLDSMITH, M.D.	1175 N.E. 125 Street, #417	North Miami, FL 33161	☒	☐
				☐	☐

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14. I 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 R. Giblin Sandra R. Giblin 6/9/98 305-893-2991