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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.

Amendment

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

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. ☒ Yes ☐ No

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C VINCENT J. SCHAFMEISTER 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ALLAN M. GREENBERG, M.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V CHESTER H. MORRIS, M.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D C.L. WILSON, M.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S XX MAXINE A. THURSTON, Ph.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D JESSE J. McCrary 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T WILLIAM J. HEFFERNAN 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP XX SANDRA R. GIBLIN 1175 N.E. 125 Street, #417 North Miami, FL: 33161 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAROLD C. SPEAR, M.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/S MALCOLM G. GOLDSMITH, M.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN H. KATHE, M.D. 1175 N.E. 125 Street, #417 North Miami, FL 33161 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002585543 -07/10/98--01082--013 ***61.25 ☐ Change ☐ Addition

CR2E037 (10/97)

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