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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 767827**

1. Corporation Name

**NORTH SHORE MEDICAL CENTER FOUNDATION, INC.**

Principal Place of Business

1175 N.E. 125TH STREET  
 SUITE 417  
 NORTH MIAMI FL 33161

Mailing Address

1175 N.E. 125TH STREET  
 SUITE 417  
 NORTH MIAMI FL 33161



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

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 ☐ DELETE

NAME DC  
 SCHAFMEISTER, VINCENT J  
 STREET ADDRESS 1175 N.E. 125 STREET #417  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME DV  
 MORRIS, CHESTER H MD  
 STREET ADDRESS 1175 N.E. 125 STREET, #417  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☒ DELETE

NAME D  
 MCRARY, JESSE  
 STREET ADDRESS 1175 N.E. 125 STREET, #417  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME VP  
 GIBLIN, SANDRA R  
 STREET ADDRESS 1175 N.E. 125 STREET, #417  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME D  
 SPEAR, HAROLD C MD  
 STREET ADDRESS 1175 N.E. 125 STREET, #417  
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME D  
 KATHE, JOHN H M.D.  
 STREET ADDRESS 1175 N.E. 125 STREET, #417  
 CITY-ST-ZIP NORTH MIAMI FL 33161

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D  
 Spear, Harold C. M.D.  
 1175 N.E. 125 Street #417  
 N Miami, FL 33161

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DS  
 Goldsmith, Malcolm G. M.D.  
 1175 NE 125 Street #417  
 N Miami, FL 33161

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D  
 Greenberg, Allan M. M.D.  
 1175 NE 125 Street #417  
 N Miami, FL 33161

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D  
 Wilson, C.L. M.D.  
 1175 NE 125 Street #417  
 N Miami, FL 33161

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 305-893-2991

CR2E037 (11/98)