

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:03

DOCUMENT # **H96185** (4)
1. Corporation Name
NORTH SHORE ENTERPRISES, INC.

Principal Place of Business Mailing Address
C/O DONALD GARDNER, JR. **C/O DONALD GARDNER, JR.**
1100 NW 95 ST. **1100 NW 95 ST.**
MIAMI FL 33150 **MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1986** 3a. Date of Last Report **06/20/1994**
4. FEI Number **65-0005671** 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
MACLAUCHLAN, STEVEN
C/O NORTH SHORE MEDICAL CENTER, INC.
1100 N. W. 95TH STREET
MIAMI FL 33150
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature) _____ (Name) _____ (Date)
Signature typed to printed name of registered agent and title of position (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 | CD RICHARDS, GEORGE 1100 NW 95TH ST MIAMI FL | 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST ZIP | STD RUB, MOISES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | STD ZIEGLER, GARY 1100 NW 95 ST. MIAMI FL | 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST ZIP | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D GERBER, PAUL 1100 NW 95 ST MIAMI FL | 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY ST ZIP | VCD FISCHER, KENNETH C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D FRIEDWALD, DON 1100 NW 95 T MIAMI FL | 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | P GARDNER, DONALD F JR. 1100 NW 95 ST MIAMI FL | 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D SPEAR, HAROLD M 1100 NW 95TH STREET MIAMI FL | 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY ST ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAFFER, MOHSIN |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if correct, or on an attachment with an address.

SIGNATURE: _____ CHAIRMAN **Gary Ziegler, M.D.** **5/15/95** (305) 835-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)