

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # H96185 (4)

1. Corporation Name

NORTH SHORE ENTERPRISES, INC.



Principal Place of Business

C/O DONALD GARDNER, JR.  
1100 NW 95 ST.  
MIAMI FL 33150

Mailing Address

C/O DONALD GARDNER, JR.  
1100 NW 95 ST.  
MIAMI FL 33150

3. Date Incorporated or Qualified  
01/28/1986

3a. Date of Last Report  
03/28/1995

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MACLAUGHLIN, STEVEN~~  
C/O NORTH SHORE MEDICAL CENTER, INC.  
1100 N. W. 95TH STREET  
MIAMI FL 33150

81 Name

Peter Loblack

82 Street Address (P.O. Box Number is Not Acceptable)

c/o North Shore Medical Center, Inc.

83

1100 N.W. 95th Street

84 City

Miami

FL

85 Zip Code  
33150

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 *Peter Loblack*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE  
NAME RUB, MOISES  
STREET ADDRESS 1100 NW 95TH ST  
CITY-STATE-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME JOSE MARK RUB, M.D.  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE CD ☐ DELETE  
NAME ZIEGLER, GARY  
STREET ADDRESS 1100 NW 95 ST.  
CITY-STATE-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE VCD ☐ DELETE  
NAME FISCHER, KENNETH C  
STREET ADDRESS 1100 NW 95 ST  
CITY-STATE-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE D ☒ DELETE  
NAME FRIEDWALD, DON  
STREET ADDRESS 1100 NW 95 T  
CITY-STATE-ZIP MIAMI FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME STEVEN KLEIN  
4.3 STREET ADDRESS 1100 NW 95 STREET  
4.4 CITY-STATE-ZIP MIAMI, FL 33150

TITLE P ☐ DELETE  
NAME GARDNER, DONALD F JR.  
STREET ADDRESS 1100 NW 95 ST  
CITY-STATE-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE  
NAME JAFFER, MOHSIN  
STREET ADDRESS 1100 NW 95TH STREET  
CITY-STATE-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

*Donald F. Gardner, Jr.*

PRESIDENT

(305) 835-6188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)