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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J13602 (4)

1. Corporation Name

NORTHSIDE COMMUNITY MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

7900 NW 27 AVENUE
SUITE 298
MIAMI FL 33142

7900 NW 27 AVENUE
SUITE 298
MIAMI FL 33142

3. Date Incorporated or Qualified

05/05/1986

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2686099

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

WITT, WILLIAM M.D.
1800 N. FEDERAL HWY
SUITE 104
POMPANO BEACH FL 33062

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

WITT, WILLIAM

STREET ADDRESS

1800 N FEDERAL HWY #104

CITY - ST - ZIP

POMPANO BEACH FL

TITLE

STD

☐ DELETE

NAME

GURR, MARY ELLEN

STREET ADDRESS

1410 SW 110 WAY

CITY - ST - ZIP

DAVIE FL

TITLE

VD

☐ DELETE

NAME

SCHULTE, ROBERTA

STREET ADDRESS

15935 PRESTWICK

CITY - ST - ZIP

MIAMI LAKES FL

TITLE

D

☐ DELETE

NAME

CORTINA, HUMBERTO

STREET ADDRESS

4064 BONITA AVENUE

CITY - ST - ZIP

COCONUT GROVE FL

TITLE

D

☐ DELETE

NAME

IRIBAR, A MANUEL

STREET ADDRESS

1800 N FEDERAL HWY #104

CITY - ST - ZIP

POMPANO BEACH FL

TITLE

D

☐ DELETE

NAME

SPAET, HAL

STREET ADDRESS

555 NE 15 STREET #18J

CITY - ST - ZIP

COCONUT, GROVE, FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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:

Mary Ellen Gurr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2/20/96

Date

954
782-0010

Daytime Phone #

CR2E034 (12/95)