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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 33147-4956

3. Date Incorporated or Qualified: 05/05/1986	3a. Date of Last Report: 02/23/1996
4. FEI Number: 59-2686099	☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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

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 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WITT, WILLIAM		1.2 NAME		
STREET ADDRESS	1800 N FEDERAL HWY #104		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GURR, MARY ELLEN		2.2 NAME		
STREET ADDRESS	~~1410 SW 110 WAY~~		2.3 STREET ADDRESS	12765 SW 34 PL	
CITY-ST-ZIP	~~DAVIE FL~~		2.4 CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTE, ROBERTA		3.2 NAME		
STREET ADDRESS	15935 PRESTWICK		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~CORTINA, HUMBERTO~~		4.2 NAME		
STREET ADDRESS	~~4064 BONITA AVENUE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~COCONUT GROVE FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IRIBAR, A MANUEL		5.2 NAME		
STREET ADDRESS	1800 N FEDERAL HWY #104		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPAET, HAL		6.2 NAME		
STREET ADDRESS	555 NE 15 STREET #18J		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT, GROVE, FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 2/27/97 954 7820010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY ELLEN GURR, SEC/TR

0205447

1997 CORPORATE ANNUAL REPORT

NORTHSIDE COMMUNITY MEDICAL CENTER, INC.

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ADDITIONS TO OFFICERS AND DIRECTORS:

ADDITION:

TITLE: D
NAME: HUGO GOLDSTRAJ
ADDRESS: 7900 NW 27 AVE SUITE 298
MIAMI, FL 33142

ADDITION:

TITLE: D
NAME: ROBERTO NOVO
7900 NW 27 AVE SUITE 298
MIAMI, FL 33142

SIGNATURE: ✖ Mary Ellen Gurr
MARY ELLEN GURR, SEC/TR

DATE: 2/27/97