

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90017 017 \*\*\*450.00

DOCUMENT # J13602

1. Corporation Name

NORTHSIDE COMMUNITY MEDICAL CENTER, INC.

Principal Place of Business

7900 NW 27 AVENUE  
SUITE 298  
MIAMI FL 33142

Mailing Address

7900 NW 27 AVENUE  
SUITE 298  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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 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 12765 S.W. 34 PLACE  
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 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

*MANUEL IRIBAR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

954 782 8010

Daytime Phone #

CR2E034 (11/98)

0220631