

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


FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90069 029 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # J49036

1. Corporation Name
MIAMI SHORES MEDICAL CENTER, INC.

Principal Place of Business
**9526 N.E. SECOND AVENUE, SUITE 101
 MIAMI FL 33138**

Mailing Address
**9526 N.E. SECOND AVENUE, SUITE 101
 MIAMI FL 33138**

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

3.	Date Incorporated or Qualified	
	12/22/1986	
4.	FEI Number	Applied For
	59-2773564	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>	
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>	
8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SILBERT, ALAN M., M.D.
 9526 N.E. 2ND AVENUE
 MIAMI FL 33138**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, RICHARD L., MD	
STREET ADDRESS	1190 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILBERT, ALAN M., MD	
STREET ADDRESS	2850 FAIRWAY DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, HECTOR S., MD	
STREET ADDRESS	9536 NE 2ND AVE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JOHN A., MD	
STREET ADDRESS	1190 NW 95TH ST #406	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBERG, ALLAN M., MD	
STREET ADDRESS	4740 N. 31ST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alan M. Silbert* **REQUIRED** *1/9/99* *305-758-0270*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)