

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 95 AM 9:14

DOCUMENT # L46487 (9)

1. Corporation Name
GREATER MIAMI MEDICAL CENTER AT 163RD ST., INC.

Principal Place of Business Mailing Address
1550 NE MIAMI GARDENS DR. SUITE 201 N. MIAMI BEACH FL 33179-4836 **1550 NE MIAMI GARDENS DR. SUITE 201 N. MIAMI BEACH FL 33179-4836**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/31/1990		3a. Date of Last Report 07/29/1994	
4. FEI Number 65-0174741		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number																			
21		22		23		24		25		26		27		28		29		30									
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)				B3				B4 City				B5 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		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SHAPIRO, BERTRAM P		1.2 NAME			
STREET ADDRESS		1550 NE MIAMI GRDNS DR		1.3 STREET ADDRESS			
CITY - ST - ZIP		N. MIAMI BCH. FL 33179		1.4 CITY - ST - ZIP			
TITLE		VD		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SHAPIRO, MARC D		2.2 NAME			
STREET ADDRESS		1550 NE MIAMI GRDNS DR		2.3 STREET ADDRESS			
CITY - ST - ZIP		N. MIAMI BCH FL 33179		2.4 CITY - ST - ZIP			
TITLE				3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE				4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE				5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE				6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 trustee 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: *[Signature]* **BERTRAM P. SHAPIRO** *[Signature]* **Y. 305.986.7556**
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Date

CR2E034 (3/95)