

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 97 SEP 11 AM 10:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # L46487 (9)**  
 1. Corporation Name  
**GREATER MIAMI MEDICAL CENTER AT 163RD ST., INC.**



Principal Place of Business <b>1550 NE MIAMI GARDENS DR.                  SUITE 201                  N. MIAMI BEACH FL 33179-4836</b>	Mailing Address <b>1550 NE MIAMI GARDENS DR.                  SUITE 201                  N. MIAMI BEACH FL 33179-4836</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>18300 NE 19th Avenue</b> Suite, Apt. #, etc. 22 City & State 23 <b>N. Miami Beach FL</b> Zip 24 <b>33179</b> Country 26 <b>USA</b>	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>01/31/1990</b>	3a. Date of Last Report <b>05/29/1996</b>
4. FEI Number <b>65-0174741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SHAPIRO, BERTRAM P  
 1550 NE MIAMI GARDENS DRIVE  
 SUITE 201  
 NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>18300 NE 19th Avenue</b>
83	
84 City	<b>NORTH MIAMI BEACH FL</b>
85 Zip Code	<b>33179</b>

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, BERTRAM P</b>	
STREET ADDRESS	<b>1550 NE MIAMI GRDNS DR-</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH. FL 33179</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, MARC D</b>	
STREET ADDRESS	<b>1550 NE MIAMI GRDNS DR-</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH FL 33179</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>18300 NE 19th Avenue</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>18300 NE 19th Avenue</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>800002290198--9</b>
3.3 STREET ADDRESS	<b>-09/11/97--01008--032</b>
3.4 CITY-ST-ZIP	<b>***550.00 ***550.00</b>
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 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* \_\_\_\_\_ **9/5/97** **205-909-7273**

CR2E034 (4/97)