

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005096

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: NORTH MIAMI BEACH MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1950 SOUTH OCEAN DRIVE  
M-H  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680158  
MIAMI, FL 33168 US

**New Mailing Address:**

FEI Number: 65-1032266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAMSARAN, EILEEN  
1950 SOUTH OCEAN DRIVE  
M-H  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAMSARAN, EILEEN M.D.  
Address: 1950 SOUTH OCEAN DRIVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: STD ( ) Delete  
Name: PRIOR, JOHN A D.P.M.  
Address: 6831 NW 11TH PLACE, STE #3  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: GREUNER, MONICA M.D.  
Address: 18559 VAN NUYS CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD. (X) Change ( ) Addition  
Name: CHERY, ANGELINA  
Address: 960 NE 127TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN RAMSARAN M.D.

PD

02/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date