

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

5/27

05-27-2003 90173 034 \*\*\*\*70.00

**DOCUMENT # N00000008302**

1. Entity Name

**HOMESTEAD HOSPITAL INDIGENT CARE FOUNDATION, INC  
AREA**



Principal Place of Business

160 N.W. 13 STREET  
HOMESTEAD FL 33030

Mailing Address

160 N.W. 13 STREET  
HOMESTEAD FL 33030

**55051451**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAXON, KYLE R  
169 E. FLAGLER STREET  
SUITE 1700  
MIAMI FL 33131**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEARD, WENDELL</b> <b>16903 S.W. 79TH PLACE</b> <b>MIAMI FL 33157</b>	<input checked="" type="checkbox"/> OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARZA, MARIA</b> <b>28300 S.W. 152ND STREET</b> <b>MIAMI FL 33033</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CARPENTER, WILLIE</b> <b>10965 S.W. 175 STREET</b> <b>MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD</b> <b>HANSON, CARL</b> <b>23 DILLY TREE PARK</b> <b>KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CADMAN, GEORGE</b> <b>9768 S.W. 106 TERRACE</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOULE, PAUL</b> <b>9471 S.W. 97TH STREET</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O, CHAIRPERSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VICE CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

5/9/03 216 896 6535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (10/02)

*Attachment*

55051451

#N00000008302

# HOMESTEAD AREA INDIGENT CARE FOUNDATION, INC.

1320 SOUTH DIXIE HIGHWAY  
Suite 1275  
MIAMI, FLORIDA 33146  
Ph.: 305/903-1267 Fax: 305/661-6477

July 14, 2003

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**Mel Morgenstern, Esq.**  
Executive Director

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

*C:RRR*

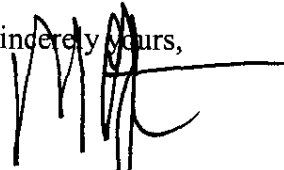
Re: **Homestead Hospital Indigent Care Foundation, Inc.**  
**Reference No: N00000008302**  
**FEI: 31-1760128**

To Whom it May Concern:

On behalf of the Homestead Hospital Indigent Care Foundation, Inc., and as per your request, I am enclosing the copy of the Annual Report/Uniform Business Report which now includes its Federal Employer Identification Number.

Please accept the Report for filing.

Sincerely yours,



Melvin C. Morgenstern  
Executive Director

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