

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Murphree
Secretary of State
CORPORATE & CORPORATE FINANCE

FILED
SECRETARY OF STATE
CORPORATIONS
95 MAY -1 AM 11:45

DOCUMENT # **N06257** (2)
1 - Subsidiary Report
SOUTH MIAMI HOSPITAL DEVELOPMENT FUND, INC.

Principal Place of Business: **6200 SW 73 STREET MIAMI FL 33143**
Mailing Address: **6200 SW 73 STREET MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1984** 3a. Date of Last Report: **03/14/1994**

4. FEI Number: **59-2552115** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. Suite Apt # etc.: 26. Suite Apt # etc.:
22. City & State: 27. City & State:
23. Zip: 25. Country: 28. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**SCHOENBORN, DAVID E
6200 SW 73 STREET
MIAMI FL 33143**

10. Name and Address of Now Registered Agent
81. Name: **D. WAYNE BRACKIN**
82. Street Address (P.O. Box Number is Not Acceptable): **6200 SW 73rd Street**
83. City: **Miami** 84. State: **FL** 85. Zip Code: **33143**

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 607.005, Florida Statutes.

SIGNATURE: *D. Wayne Brackin* **D. Wayne Brackin, COO** 2/16/95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PHILLIPS, SUSAN
STREET ADDRESS	6505 SW 92ND ST.
CITY, ST, ZIP	MIAMI FL
TITLE	VCD
NAME	LEESFIELD, CYNTHIA
STREET ADDRESS	144 N. PROSPECT DRIVE
CITY, ST, ZIP	CORAL GABLES FL
TITLE	ST
NAME	BUCHANAN, JOSEPH
STREET ADDRESS	777 BRICKELL AVE., SUITE 900
CITY, ST, ZIP	MIAMI FL
TITLE	P
NAME	GEANES, JOHN H.
STREET ADDRESS	6200 S.W. 73 ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(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 receiver or trustee or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John H. Geanes* **John H. Geanes** 03/31/95 305/661-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District/Parish #