

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06257 (2)
1. Corporation Name
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**

3. Date Incorporated or Qualified
11/20/1984

3a. Date of Last Report
05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**BRACKIN, D. WAYNE
6200 SW 73 STREET
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name
Jody Lehman

82 Street Address (P.O. Box Number is Not Acceptable)
8900 N. Kendall Drive

83
Legal Department

84 City
Miami, FL

85 Zip Code
33176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE
Jody Lehman

(NOTE: Registered Agent signature required when reinstating)

4.29.96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

**CD
PHILLIPS, SUSAN
6505 SW 92ND ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

**VCD
LEESFIELD, CYNTHIA
144 N. PROSPECT DRIVE
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

**ST
BUCHANAN, JOSEPH
777 BRICKELL AVE., SUITE 900
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

**P
GEANES, JOHN H.
6200 S.W. 73 ST.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 receiver or trustee 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:
Susan Phillips

4-29-96

Date

Daytime Phone #

CR2E037 (12/95)