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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N06257

(2)

SOUTH MIAMI HOSPITAL DEVELOPMENT FUND, INC.

## FILED May 19 1997 8:00am Secretary of State



Principal Place of Business Malling Address						
6200 SW 73 ST MIAMI FL 33143		6200 SW 73 STREET MIAMI FL 33143-4965				
					3. Date Incorporated or Qualified 11/20/1984	3a. Date of Last Report 05/01/1996
2. Principal Pl 21	ace of Business	2a. Mailing Address			4. FEI Number 59-2552115	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	1 0-		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	30 Cou	ntry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \text{ \text{ No} No}
	9. Name and Address of Curre		[00]		10. Name and Address of New Re	
				81 Name		
JODY LEHMAN				82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
8900 N I LEGAL D	KENDALL DR			83		
MIAMI FI				84 City		85 Zip Code
				. '		
office or n agent I a	· ( /mly Th)		as authorize Florida Stat	by the corp utes	corporation submits this statement for the poration's board of directors. I hereby acceptions	the appointment as registered
	Signature, typed of printed name of registered a			Agent signature i	equited when reinstaling)	OATE /
12.	CD CD	ND DIRECTORS  DELETE	13.	ne T	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  ***Change
NAME	PHILLIPS, SUSAN		12 N	j	PHILLIPS, SUSAN	#ETE OFFICE
STREET ADDRESS	6505 SW 92ND ST.		1.3 \$1		11131 SW 84 CT	
CITY - ST - ZIP	MIAMI FL				Miami, FL 33156	
TITLE	VCD	☐ DELETE	2111			L. Change L. Addition
NAME STREET ADDRESS	LEESFIELD, CYNTHIA 144 N. PROSPECT DRIVE		2.2 N	REET ADDRESS		
CiTY-ST-ZIP	CORAL GABLES FL			TY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 Tf			Change Addition
NAME	BUCHANAN, JOSEPH		3.2 N	ME		
STREET ADDRESS	777 BRICKELL AVE., SUITE	900		REET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	3.4. C	TY-ST-ZIP		Change Addition
NAME		E. Pettit	4. 2 h			- Stange - House
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
THTLE		☐ DELETE	51 Tf	1		Change Addition
NAME			5.2 N			
STREET ADDRESS CITY - ST - ZIP				REET ADORESS TY-ST-ZIP		
TITLE		DELETE	6.1 TI	****		☐ Change ☐ Addition
NAME		<del>.</del>	6.2 N	i		-
			63.5	REET ADDRESS		
STREET ADDRESS			0.00	ince i Applicas		

I. I do hereby certify that the information supplied with this filing does not malify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this anytial report or supplemental annual epity is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the dorporation or the receiver or trustly ampowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 it changed, or on an attachment within an address.

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/17/97

Daytime Phone # 0030077