

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # N06258 (0)**  
1. Corporation Name  
**SOUTH MIAMI HEALTH SYSTEM, INC.**

FILED  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 11:45

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/20/1984</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2552119</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>6200 S.W. 73 STREET MIAMI FL 33143</b>		<b>6200 S.W. 73 STREET MIAMI FL 33143</b>	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>SCHOENBORN, DAVID E 6200 S.W. 73 STREET MIAMI FL 33143</b>				81 Name	<b>D. WAYNE BRACKIN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>6200 SW 73rd Street</b>			
				83 City	<b>Miami</b>	85 Zip Code	<b>FL 33143</b>	

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEWENHERZ, JAMES</b>	12 NAME	
STREET ADDRESS	<b>9000 S.W. 87 CT. #215</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33176</b>	14 CITY, ST, ZIP	
TITLE	<b>VCD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKLER, MELVIN M</b>	22 NAME	
STREET ADDRESS	<b>6200 SW 73RD STREET</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	24 CITY, ST, ZIP	
TITLE	<b>DT</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, GEORGE</b>	32 NAME	
STREET ADDRESS	<b>2701 PONCE DE LEON BLVD.</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>CORAL GABLES FL 33134</b>	34 CITY, ST, ZIP	
TITLE	<b>CD</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUBE, ROBERT</b>	42 NAME	
STREET ADDRESS	<b>100 N. BISCAYNE BLVD.</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33132</b>	44 CITY, ST, ZIP	
TITLE	<b>P</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEANES, JOHN H.</b>	52 NAME	
STREET ADDRESS	<b>6200 S.W. 73 STREET</b>	53 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(2)(b), 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 117, 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** **03/31/05** **305/661-4611**