

# 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 # N06258**

1. Corporation Name

**South Miami Health System, Inc.**

Principal Place of Business

Mailing Address

**6200 S.W. 73 Street  
Miami, FL 33143**

**6200 S.W. 73 Street  
Miami, FL 33143**

**800001831418**

**-05/21/96 -01034--027**

**\*\*\*70.00**

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

3. Date Incorporated or Qualified

**11/20/1984**

3a. Date of Last Report

**3/31/95**

4. FEI Number

**59-2552119**

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

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

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

**Jody Lehman**

(NOTE: Registered Agent signature required when reinstating)

**5/1/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>\$0</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Lowenherz, James</b>	
STREET ADDRESS	<b>9000 S.W. 87 Ct. #215</b>	
CITY-ST-ZIP	<b>Miami, FL 33176</b>	
TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Mackler, Melvin M</b>	
STREET ADDRESS	<b>6200 SW 73rd Street</b>	
CITY-ST-ZIP	<b>Miami, FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Corrigan, George</b>	
STREET ADDRESS	<b>2701 Ponce De Leon Blvd.</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Dube, Robert</b>	
STREET ADDRESS	<b>100 N. Biscayne Blvd.</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Geanes, John H.</b>	
STREET ADDRESS	<b>6200 S.W. 73 Street</b>	
CITY-ST-ZIP	<b>Miami, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Keeley, Brian E.</b>	
1.3 STREET ADDRESS	<b>8900 N. Kendall Dr.</b>	
1.4 CITY-ST-ZIP	<b>Miami FL</b>	
2.1 TITLE	<b>CT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Cole, Robert B</b>	
2.3 STREET ADDRESS	<b>625 Biltmore Way #1201</b>	
2.4 CITY-ST-ZIP	<b>Coral Gables, FL</b>	
3.1 TITLE	<b>VCT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Burgess, Donald L</b>	
3.3 STREET ADDRESS	<b>7301 SW 174th St.</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL</b>	
4.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Ray, Emit O DR</b>	
4.3 STREET ADDRESS	<b>5125 SW 149th PL</b>	
4.4 CITY-ST-ZIP	<b>Miami, FL</b>	
5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Lawson, Ralph E</b>	
5.3 STREET ADDRESS	<b>8900 N. Kendall Dr.</b>	
5.4 CITY-ST-ZIP	<b>Miami, FL</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Ralph E. Lawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph E. Lawson**

**5/1/96**

Date

**(305) 596-1960**

Daytime Phone #

CP2E037 (12/95)