


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06258** (0)

1. Corporation Name

**SOUTH MIAMI HEALTH SYSTEM, INC.**

Principal Place of Business

Mailing Address

**6200 SW 73 STREET  
MIAMI FL 33143**

**6200 SW 73 STREET  
MIAMI FL 33143-4955**



3. Date Incorporated or Qualified  
**11/20/1984**

3a. Date of Last Report  
**05/20/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEHMAN, JODY  
8900 N. KENDALL DR.  
MIAMI FL 33176**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **KEELEY, BRIAN E.**  
STREET ADDRESS **8900 N. KENDALL DR.**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **CT** ☒ DELETE  
NAME **COLE, ROBERT B.**  
STREET ADDRESS **625 BILTMORE WAY, #1201**  
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **VCT** ☐ DELETE  
NAME **BURGESS, DONALD L.**  
STREET ADDRESS **7301 SW 174TH ST.**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **CT Burgess, Donald L.**  
3.3 STREET ADDRESS **7301 SW 174th St.**  
3.4 CITY-ST-ZIP **Miami FL**

TITLE **ST** ☐ DELETE  
NAME **RAY, EMIT O., DR.**  
STREET ADDRESS **5125 SW 149TH PL.**  
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **V** ☐ DELETE  
NAME **LAWSON, RALPH E.**  
STREET ADDRESS **8900 N. KENDALL DR.**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **VCT**  
6.3 STREET ADDRESS **Cadman, George E. III**  
6.4 CITY-ST-ZIP **15757 S. D. McD Highway Miami FL 33157**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E037 (9/96)