

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 26 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT  
REINSTATEMENT  
1999

DOCUMENT # N06258

1. Corporation Name

SOUTH MIAMI HEALTH SYSTEM, INC.

Principal Place of Business

7400 S.W. 62ND AVENUE  
MIAMI FL 33143

Mailing Address

7400 S.W. 62ND AVENUE  
MIAMI FL 33143



REINSTATEMENT

99-00

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/20/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME KEELEY, BRIAN E.  
STREET ADDRESS 8900 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME CADMAN, GEORGE E III  
STREET ADDRESS 15757 S. DIXIE HIGHWAY  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME BURGESS, DONALD L.  
STREET ADDRESS 7301 SW 174TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME LAWSON, RALPH E.  
STREET ADDRESS 8900 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 the 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 007 (1/98)