

**103 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N06258

1. Entity Name

SOUTH MIAMI HEALTH SYSTEM, INC.



FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90184 023 ****61.25

0026124

Principal Place of Business

**6200 SW 73RD STREET
MIAMI FL 33143**

Mailing Address

**6855 RED ROAD
SUITE 500 -LEGAL DEPT.
MIAMI FL 33143**

90135728



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2552119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEHMAN, JODY
6855 RED RD.
SUITE 600
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KEELEY, BRIAN E.	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VCT	<input type="checkbox"/> Delete
NAME	CADMAN, GEORGE E III	
STREET ADDRESS	15757 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORRIGAN, GEORGE	
STREET ADDRESS	1228 S. GATEWAY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAY, EMIT O., DR.	
STREET ADDRESS	5125 SW 149TH PL.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAWSON, RALPH E.	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03

786-6662-7022

Daytime Phone #

Daytime Phone #

CR2E037 (10/02)