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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N14549 (2)

1. Corporation Name
HIALEAH HOSPITAL FOUNDATION, INC.

Principal Place of Business Mailing Address

**670 CHARLES B. LINTON
651 E 25TH ST.
HIALEAH FL 33013**

**670 CHARLES B. LINTON
651 E 25TH ST.
HIALEAH FL 33013**

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

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/23/1986** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-0657867** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. The corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LINTON, CHARLES B.
HIALEAH HOSPITAL
651 E 25 ST.
HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81 Name **Bauer, Clifford**

82 Street Address (P.O. Box Number is Not Acceptable) **651 East 25th Street**

83

84 City **Hialeah** FL 85 Zip Code **33013**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE *Clifford Bauer* DATE **4/28/95**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LINTON, CHARLES B.
STREET ADDRESS	651 EAST 25TH STREET
CITY - ST - ZIP	HIALEAH FL
TITLE	VCD
NAME	ECONOMIDES, CHRISTOPHER
STREET ADDRESS	651 E 25TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	D
NAME	ANDERSON, O. D.
STREET ADDRESS	777 E 25TH ST., #318
CITY - ST - ZIP	HIALEAH FL
TITLE	DS
NAME	CRUZ, LILA E.
STREET ADDRESS	6020 W. 14TH COURT
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bauer, Clifford	
1.3 STREET ADDRESS	651 East 25th Street	
1.4 CITY - ST - ZIP	Hialeah, Florida 33013	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 110.07(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, on an attachment with an address.

SIGNATURE: *Clifford Bauer* DATE: **4/28/95** TELEPHONE: **305-835-4240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR