FILE NOW: FILING FEE IS \$61.25					FILED		
	NPROFIT			RTMENT OF STATE	May 09	1997 8	:00ar
ANNU	JAL REPORT		Socreta	 Mortham ry of State CORPÓRATIONS 		ary of S	
	MENT # N1	4549	(2)				
HIALEA	H Hospital Foun	dation, inc.					
Principal Place	e of Business	Mailir	ng Address	<u></u>			
C/O CHARLES B. LINTON 151 E 25TH ST. HALEAH FL 33013			HARLES B. LINTON 25TH ST. AH FL 33013-3814		3. Date Incorporated or Qualified 3a. Date of Last Report		
					3. Date Incorporated or Qualified 04/23/1986	3a . Date of Last H 05/01/19	96
2. Principat Pl	lace of Business	2a. M. 26	ailing Address		4. FEI Number 59-0657867		plied For ot Applicable
Suite, Apt. (#, etc.		ilte, Apt. #, etc.		5. Certificate of Status Desired	<u>⊢</u> \$8.75 /	
City & State	8	Ci 28	ly & State	;	6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country 25	Zi 29	þ	Oountry 30	8. This corporation has liability for Florida Statutes	intangible tax under s	. 199.032,
	9. Name and Address	of Current Register	ed Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	CLIFFORD				dress (P.O. Box Number is Not Acceptal	(a)	
651 E. 2 651 E 25				83			
	201,						
	I FL 33013					85 Z ip	Code
HIALEAH	I FL 33013	- 017 0500 1 017		84 City		FLIT	Code
HIALEAH	I FL 33013	s 617.0502 and 617. The State of Florida. the obligations of, S	1508, Florida Statul Such change was action 617.0503, Fl	84 City es, the above-named corr authorized by the cornora	poration submits this statement for the p ation's board of directors. I hereby acce	FLIT	
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