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May 09 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION.  
ANNUAL REPORT  
1997



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

DOCUMENT # N14549 (2)

1. Corporation Name

HIALEAH HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O CHARLES B. LINTON  
851 E 25TH ST.  
HIALEAH FL 33013

C/O CHARLES B. LINTON  
651 E 25TH ST.  
HIALEAH FL 33013-3814

3. Date Incorporated or Qualified  
04/23/1986

3a. Date of Last Report  
05/01/1996

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUER, CLIFFORD  
651 E. 25TH ST  
651 E 25 ST.  
HIALEAH FL 33013

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 DC  
NAME BAUER, CLIFFORD  
STREET ADDRESS 651 E 25TH ST  
CITY-ST-ZIP HIALEAH FL

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

Change Addition

TITLE VCD  
NAME ECONOMIDES, CHRISTOPHER  
STREET ADDRESS 651 E 25TH ST  
CITY-ST-ZIP HIALEAH FL

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

Change Addition

TITLE D  
NAME ANDERSON, O. D.  
STREET ADDRESS 777 E 25TH ST., #316  
CITY-ST-ZIP HIALEAH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE DS  
NAME CRUZ, LILA E.  
STREET ADDRESS 8020 W. 14TH COURT  
CITY-ST-ZIP HIALEAH FL

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

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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

*Clifford Bauer*

4/20/97

305-835-4240

CR2E037 (9/96)