FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:50

DOCUMENT # N18087 (9)

1. Corporation Name
MEMORIAL HEALTH SYSTEM OF BROWARD, INC.

Principal Place of Business	Mailing Address
C/O FRANK V. SACCO 3501 JOHNSON STREET HOLLYWOOD FL 33021	C/O FRANK V. SACCO 3501 JOHNSON STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 02/09/1994
4. FEI Number: 65-0044005 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SACCO, FRANK V.
3501 JOHNSON STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL 65 Zip Code

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 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	DIAMOND, MARTIN A. M	1.2 NAME	CAHN, BURTON	
STREET ADDRESS	4925 SHERIDAN ST.	1.3 STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD, STE 504	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HALLANDALE, FL.	
TITLE	CD	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	CORY, DAVID L.	2.2 NAME	GAVENSON, J. STEVEN	
STREET ADDRESS	6600 TAFT STREET	2.3 STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	SACCO, FRANK V.	3.2 NAME		
STREET ADDRESS	3501 JOHNSON STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ZINKLER, GEORGE	4.2 NAME		
STREET ADDRESS	3350 NO 36 PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP		
TITLE	ST	5.1 TITLE	D	☒ Change ☐ Addition
NAME	STEFFENS, FRANK M.	5.2 NAME		
STREET ADDRESS	3501 JOHNSON ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	CD	☒ Change ☐ Addition
NAME	EGGNATZ, LEE	6.2 NAME	PRIMEAU, JOHN	
STREET ADDRESS	3705 GARFIELD STREET	6.3 STREET ADDRESS	3830 Hollywood Blvd.	
CITY-ST-ZIP	HOLLYWOOD FL	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 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: _____ 1/28/95
Signature and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

0038276