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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33021C/O FRANK V. SACCO
3501 JOHNSON STREET
HOLLYWOOD FL 33021-54213. Date Incorporated or Qualified
12/05/19863a. Date of Last Report
05/22/19964. FEI Number
65-0044005Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

SACCO, FRANK V.
3501 JOHNSON STREET
HOLLYWOOD FL 33021

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BURTON, CAHN
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD, STE 504
CITY - ST - ZIP HALLANDALE FL1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Victor Hochberg, M.D.
1.3 STREET ADDRESS 1150 N. 35th Ave., Suite 345
1.4 CITY - ST - ZIP Hollywood, FL 33021TITLE ST ☐ DELETE
NAME EAVENSON, J. S
STREET ADDRESS 3501 JOHNSON ST.
CITY - ST - ZIP HOLLYWOOD FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE PD ☐ DELETE
NAME SACCO, FRANK V.
STREET ADDRESS 3501 JOHNSON STREET
CITY - ST - ZIP HOLLYWOOD FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE CD ☐ DELETE
NAME ZINKLER, GEORGE
STREET ADDRESS 3350 NO 36 PL
CITY - ST - ZIP HOLLYWOOD FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME STEFFENS, FRANK M.
STREET ADDRESS 3501 JOHNSON ST.
CITY - ST - ZIP HOLLYWOOD FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME CORBIN, MYRTLE
STREET ADDRESS 3501 JOHNSON ST
CITY - ST - ZIP HOLLYWOOD FL6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

(954) 985-5920

Date

Daytime Phone # 0021653

CR2E037 (9/96)