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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **N21328** (2)

1. Corporation Name

**NORTH SHORE HEALTH SYSTEMS, INC.**

Principal Place of Business

**1100 N.W. 95TH STREET  
MIAMI FL 33150**

Mailing Address

**1100 N.W. 95TH STREET  
MIAMI FL 33150**



3. Date Incorporated or Qualified

**06/26/1987**

3a. Date of Last Report

**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MAGLAUGHIN STEVEN~~  
**1100 NW 95TH STREET  
C/O NORTH SHORE MEDICAL CENTER  
MIAMI FL 33150**

81 Name

**Peter Loblack**

82 Street Address (P.O. Box Number is Not Acceptable)

**c/o North Shore Medical Center, Inc.**

83

**1100 N.W. 95th Street**

84 City

**Miami**

**FL**

85

**Zip Code  
33150**

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

*Peter Loblack*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
GERBER, PAUL U  
1100 NW 95 STR  
MIAMI FL**

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VCD  
~~CHAYKNER, CHAD M.D.~~  
1100 NW 95TH STREET  
MIAMI FL**

☐ DELETE

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

☒ Change ☐ Addition

**JUAN L. ALDRICH, M.D.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CORIN, MORTIN M.D.  
1100 NW 95TH STREET  
MIAMI FL**

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CD  
~~RICHARDS, GEORGE, M.D.~~  
1100 NW 95TH STREET  
MIAMI FL**

☐ DELETE

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

☒ Change ☐ Addition

**CESAR J. SASTRE, M.D.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DD  
DAVIGLUS, GEORGE F M.D.  
1100 NW 95TH STREET  
MIAMI FL**

☐ DELETE

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

☒ Change ☐ Addition

**TD**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
BACON-GREEN, YOLANDA M  
1100 NW 95TH STREET  
MIAMI FL**

☒ DELETE

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

☐ Change ☒ Addition

**SD  
KENNETH C. FISCHER, M.D.  
1100 N.W. 95th STREET  
MIAMI, FL 33150**

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)(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, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN

(305)835-6103

Date

Day/Time Phone #

CR2E037 (12/95)