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FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21328 (2)

1. Corporation Name

NORTH SHORE HEALTH SYSTEMS, INC.

Principal Place of Business

Mailing Address

1100 N.W. 95TH STREET
MIAMI FL 331501100 N.W. 95TH STREET
MIAMI FL 33150-20383. Date Incorporated or Qualified
06/26/19873a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 40 Sandra R. Giblin

26 40 Sandra R. Giblin

4. FEI Number

65-0005677

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1100 NW 95 Street

27 1100 NW 95 Street

5. Certificate of Status Desired

R

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami Florida

28 Miami Florida

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33150

25

29 33150

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER LOBLACK
C/O NORTH SHORE MEDICAL CENTER, INC.
1100 NW 95TH ST
MIAMI FL 33150

81 Name

Sandra R. Giblin

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

1100 N. W. 95 Street, 4th Floor

83

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

Signature, typed or printed name of registered agent and title if applicable

Sandra R. Giblin

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GERBER, PAUL U
STREET ADDRESS 1100 NW 95 STR
CITY-ST-ZIP MIAMI FL1.1 TITLE William J. Heffernan ☐ Change ☒ Addition
1.2 NAME T/D
1.3 STREET ADDRESS 2720 Coral Way
1.4 CITY-ST-ZIP Miami, FL 33145-3271TITLE VCD ☐ DELETE
NAME JUAN L. ALDRICH, M.D.
STREET ADDRESS 1100 NW 95TH STREET
CITY-ST-ZIP MIAMI FL2.1 TITLE S/D ☒ Change ☐ Addition
2.2 NAME Mohsin Jaffer, M.D.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CORIN, MORTIN M.D.
STREET ADDRESS 1100 NW 95TH STREET
CITY-ST-ZIP MIAMI FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Luis J. Lauredo
3.3 STREET ADDRESS 1221 Brickell Ave, 23rd Floor
3.4 CITY-ST-ZIP Miami, FL 33131TITLE CD ☐ DELETE
NAME CESAR J. SASTRE, M. D.
STREET ADDRESS 1100 NW 95TH STREET
CITY-ST-ZIP MIAMI FL4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME DAVIGLUS, GEORGE F M.D.
STREET ADDRESS 1100 NW 95TH STREET
CITY-ST-ZIP MIAMI FL5.1 TITLE CD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME KENNETH C. FISCHER, M. D.
STREET ADDRESS 1100 NW 95TH STREET
CITY-ST-ZIP MIAMI FL6.1 TITLE D ☒ 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

George F. Daviglus M.D. 4/28/97 305-4828

Date

Daytime Phone # 0030836

CR2E037 (9/96)