

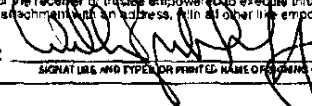
Apr 28 03 09:48a

Craig M. Dorne

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90109 005 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N25479			
1. Entity Name SOUTH SHORE HOSPITAL FOUNDATION, INC.			
Principal Place of Business 630 ALTON ROAD MIAMI BEACH, FL 33139		Mailing Address 630 ALTON ROAD MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0131277		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINSON, EDWARD E. PENTHOUSE E FINANCIAL FED BLDG 407 LINCOLN ROAD MIAMI, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE			
FILE NOW. FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BERKSON, MARSHALL 630 ALTON ROAD MIAMI BEACH, FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ZUBKOFF, WILLIAM 630 ALTON ROAD MIAMI BEACH, FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROSDOFF, HUBERT, M.D. 630 ALTON ROAD MIAMI BEACH, FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
12. I 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 report or supplemental 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.			
SIGNATURE: 		Dr. William Zubkoff 04/28/03 (305) 672-2100	
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICIAL OR DIRECTOR		Date	

70055196

☐ CHECK HERE IF MAKING CHANGES

CR/E037 (10/02)

REC'D APR 23 2003