

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34122 (4)**

1. Corporation Name

**HIALEAH HOSPITAL ANCILLARY SERVICES, INC.**



Principal Place of Business

Mailing Address

651 EAST 25TH STREET  
HIALEAH FL 33013

651 EAST 25TH STREET  
HIALEAH FL 33013

3. Date Incorporated or Qualified **09/12/1989** 3a. Date of Last Report **11/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0172415**

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**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUER, CLIFFORD  
C/O HIALEAH HOSPITAL  
651 E. 25TH STREET  
HIALEAH FL 33013**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUER, CLIFFORD</b>	
STREET ADDRESS	<b>651 E. 25TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, O.D. MD</b>	
STREET ADDRESS	<b>777 EAST 25TH ST., #316</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, YVONNE</b>	
STREET ADDRESS	<b>651 E 25TH ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>COY, ROBERT</b>	
STREET ADDRESS	<b>651 E. 25TH ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BRODERSEN, ELLEN</b>	
STREET ADDRESS	<b>651 E. 25TH ST.</b>	
CITY-ST-ZIP	<b>HIALEH FL 33013</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bauer, Clifford J.</b>	
1.3 STREET ADDRESS	<b>651 East 25th Street</b>	
1.4 CITY-ST-ZIP	<b>Hialeah, FL 33013</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hernandez, Yvonne</b>	
3.3 STREET ADDRESS	<b>651 E. 25th Street</b>	
3.4 CITY-ST-ZIP	<b>Hialeah, FL 33013</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Coy, Robert</b>	
4.3 STREET ADDRESS	<b>651 East 25th St.</b>	
4.4 CITY-ST-ZIP	<b>Hialeah, FL 33013</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Clifford J. Bauer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96  
Date

305-835-4240  
Daytime Phone #

CR2E037 (12/95)