

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		4. FEI Number		Applied For	
21		26		65-0172415		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, CLIFFORD	1.2 NAME	Bauer, Clifford J.
STREET ADDRESS	651 E. 25TH STREET	1.3 STREET ADDRESS	651 East 25th Street
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, O.D. MD	2.2 NAME	
STREET ADDRESS	777 EAST 25TH ST., #316	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, YVONNE	3.2 NAME	Hernandez, Yvonne
STREET ADDRESS	651 E 25TH ST	3.3 STREET ADDRESS	651 E. 25th Street
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COY, ROBERT	4.2 NAME	Coy, Robert
STREET ADDRESS	651 E. 25TH ST.	4.3 STREET ADDRESS	651 East 25th St.
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODERSEN, ELLEN	5.2 NAME	
STREET ADDRESS	651 E. 25TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEH FL 33013	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 4/2/96 305-835-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)