FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40101** **(0)**

1. Corporation Name

SMH HOMESTEAD HOSPITAL, INC.

Principal Place of Business	Mailing Address
160 N.W. 13TH STREET HOMESTEAD FL 33030	160 N.W. 13TH STREET HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1990**
3a. Date of Last Report: **03/18/1994**
4. FEI Number: **65-0232993** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRACKIN, D, WAYNE
160 NW 13 ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: BOULENGER, BO
82 Street Address (P.O. Box Number is Not Acceptable): 160 NW 13 Street
83
84 City: HOMESTEAD FL 85 Zip Code: 33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bo Boulenger — Bo Boulenger — 4-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	DAEE, HOSAIN M	12 NAME	CHAMBERS, WILLIAM
STREET ADDRESS	160 NW 13TH STREET	13 STREET ADDRESS	160 NW 13 Street
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CARPENTER, WILLIE	22 NAME	
STREET ADDRESS	10965 S.W. 175TH ST	23 STREET ADDRESS	160 NW 13 Street
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	SAPP, STEVEN S	32 NAME	
STREET ADDRESS	160 NW 13 ST	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: William Chambers — William Chambers — 4 MAY 1995 — 305/247-4018
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038766