

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 # **N40101** (0)

1. Corporation Name
HOMESTEAD HOSPITAL, INC.



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

3. Date Incorporated or Qualified: **09/25/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: **65-0232993**
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip (24) Country (25) Zip (29) Country (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

**BOULENGER, BO
160 NW 13 ST
HOMESTEAD FL 33030**

81 Name: **Jody Lehman, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **8900 North Kendall Drive**
83
84 City: **Miami** FL 85 Zip Code: **33176**

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: *Jody Lehman*
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	D <input type="checkbox"/> DELETE
NAME	CHAMBERS, WILLIAM
STREET ADDRESS	160 NW 13TH STREET
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARPENTER, WILLIE
STREET ADDRESS	160 N W 13TH STREET
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAPP, STEVEN S
STREET ADDRESS	160 NW 13 ST
CITY-ST-ZIP	HOMESTEAD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 charged, or on an attachment with an address.

SIGNATURE: *W Chambers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-30-96**
Daytime Phone #

WILLIAM CHAMBERS

CR2E037 (12/95)