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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
160 N.W. 13TH STREET HOMESTEAD FL 33030
160 N.W. 13TH STREET HOMESTEAD FL 33030-4228

3. Date Incorporated or Qualified **09/25/1990** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	2a. Mailing Address	28	4. FEI Number	Applied For
	Suite, Apt #, etc.	Suite, Apt #, etc.		65-0232993	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Zip	26	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24			30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LEHMAN, JODY 8900 N. KENDALL DR. MIAMI FL 33176		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, WILLIAM	1.2 NAME	
STREET ADDRESS	160 NW 13TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, WILLIE	2.2 NAME	
STREET ADDRESS	160 N W 13TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, STEVEN S	3.2 NAME	
STREET ADDRESS	160 NW 13 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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* **REQUIRED** 17 APR 97 242-3535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024128

CFR2037 (9/96)