

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90016 043 \*\*\*\*61.25

50007558



03162006 Chg-NP CR2E037 ( 1/05)

4. FEI Number  
65-0232993

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$875 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID R  
6855 RED ROAD  
CORAL GABLES, FL 33143

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS      | CITY-ST-ZIP         | <input type="checkbox"/> Delete |
|-------|------------------------|---------------------|---------------------|---------------------------------|
| C     | CHAMBERS, WILLIAM      | 160 NW 13TH STREET  | HOMESTEAD, FL 33030 | <input type="checkbox"/>        |
| ST    | CARPENTER, WILLIE      | 160 N W 13TH STREET | HOMESTEAD, FL 33030 | <input type="checkbox"/>        |
| D     | SAPP, STEVEN S         | 160 NW 13 ST        | HOMESTEAD, FL       | <input type="checkbox"/>        |
| D     | BEARD, WENDELL         | 160 NW 13 STREET    | HOMESTEAD, FL 33030 | <input type="checkbox"/>        |
| D     | HALLSTRAND, DAVID E MD | 160 NW 13 STREET    | HOMESTEAD, FL 33030 | <input type="checkbox"/>        |
| D     | HANCK, BARBARA C       | 160 NW 13 STREET    | HOMESTEAD, FL 33030 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**Baptist Health  
South Florida**

ATTACHMENT

50002558  
# N40101

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

March 23, 2006

4461

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

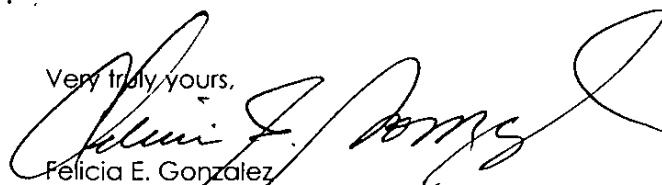
RE: 2006 Annual Report for Homestead Hospital, Inc.  
Document #: N40101

Dear Sirs:

Enclosed for filing is the 2006 Annual Reports for the above-referenced corporation together with check a check in the amount of \$61.25 to cover the filing fee for the annual report.

Should you have any questions, please do not hesitate to contact me at 786-662-7022.  
Thank you.

Very truly yours,

  
Felicia E. Gonzalez  
Office Administrator

Enclosures