


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N40101						06 SEP 22 11:01	
1. Entity 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			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FRIEDMAN, DAVID R 6855 RED ROAD CORAL GABLES, FL 33143				Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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 IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CHAMBERS, WILLIAM 160 NW 13TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WILLIAM DUQUETTE 160 N.W. 13TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARPENTER, WILLIE 160 N W 13TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 900080232949 09/27/06--01058--016 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAPP, STEVEN S 160 NW 13 ST HOMESTEAD, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEARD, WENDELL 160 NW 13 STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALLSTRAND, DAVID E MD 160 NW 13 STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANCK, BARBARA C 160 NW 13 STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>William Duquette</u> CEO				9/18/06 786-243-8000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			