


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 005 ****61.25

DOCUMENT # N40101 1. Entity Name HOMESTEAD HOSPITAL, INC.					
Principal Place of Business 160 N.W. 13TH STREET 975 HOMESTEAD, FL 33030 BAPTIST WAY				Mailing Address 160 N.W. 13TH STREET HOMESTEAD, FL 33030 33033 HOMESTEAD, FL 33033	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01212008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0232993				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 <input type="checkbox"/> Delete CHAMBERS, WILLIAM 160 NW 13TH STREET 975 BAPTIST WAY HOMESTEAD, FL 33030 33033		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT OF HOMESTEAD MEDICAL STAFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Theodore H. PUNIS, M.D. 975 BAPTIST WAY HOMESTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Delete CARPENTER, WILLIE 160 NW 13TH STREET 975 BAPTIST WAY HOMESTEAD, FL 33030 33033		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN OF HOMESTEAD FOUNDATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILSON, FILL, William W. 975 BAPTIST WAY HOMESTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SAPP, STEVEN S 160 NW 13TH STREET 975 BAPTIST WAY HOMESTEAD, FL 33030 33033		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mrs. MARIA C. GARCIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 975 BAPTIST WAY HOMESTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEARD, WENDELL 160 NW 13TH STREET 975 BAPTIST WAY HOMESTEAD, FL 33030 33033		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mr. RAYMOND OYARZUN <input type="checkbox"/> Change <input type="checkbox"/> Addition 975 BAPTIST WAY HOMESTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HALLSTRAND, DAVID E MD 160 NW 13TH STREET 975 BAPTIST WAY HOMESTEAD, FL 33030 33033		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HANCK, BARBARA C 160 NW 13TH STREET 975 BAPTIST WAY HOMESTEAD, FL 33030 33033		<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: William Ouyarzun 01/21/08 786-243-8693 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT 40015772

N40101
HOMESTEAD HOSPITAL
BOARD OF DIRECTORS
2007-2008

Pastor William L. Chambers, III
Chairman, Board of Directors

Mr. Steven S. Sapp
Vice-Chairman, Board of Directors

Mr. Willie Carpenter
Secretary/Treasurer

Theodore A. Evans, M.D.
President, Homestead Hospital Medical Staff

Mr. William W. Wilson, III
Chairman, Homestead Hospital Foundation Board

Mr. Wendell R. Beard
Homestead Hospital Board of Directors

Mrs. Barbara Hanck
Homestead Hospital Board of Directors

David Hallstrand, M.D.
Homestead Hospital Board of Directors

Mrs. Maria C. Garza
Homestead Hospital Board of Directors

Mr. Ramon Oyarzun
Homestead Hospital Board of Directors

Please note: Homestead Hospital moved to the new facility May 6, 2007. The new address is: Homestead Hospital, 975 Baptist Way, Homestead, FL 33033.