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Mar 04 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 # N96000005743 (7)

1. Corporation Name

SAVE OUR HOSPITAL, INC.

Principal Place of Business

777 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401-6161

Mailing Address

777 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401-6161



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
11/08/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

RICHMAN, GERALD F  
777 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401-6161

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BLUM, PETER  
STREET ADDRESS 1809 SOUTH OCEAN BLVD  
CITY-ST-ZIP MANALAPAN FL 33462

TITLE D ☐ DELETE  
NAME BABIC, STEPHEN MD  
STREET ADDRESS 7155 QUEEN FERRY CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☐ DELETE  
NAME DAVIS, BARRY MD  
STREET ADDRESS 591 GOLDEN HARBOR DRIVE  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE  
NAME IRVIN, MICHAEL P  
STREET ADDRESS 648 S.W. 2ND STREET  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE  
NAME SACKS, STANLEY  
STREET ADDRESS 4881 5TH LANE  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition  
1.2 NAME John H. Weir  
1.3 STREET ADDRESS 401 E. Linton Blvd. Apt. 214  
1.4 CITY-ST-ZIP Delray Beach, FL 33483

2.1 TITLE Treasurer/Director ☐ Change ☒ Addition  
2.2 NAME Henry Stanfield  
2.3 STREET ADDRESS 500 SW 6th Avenue  
2.4 CITY-ST-ZIP Boca Raton, FL 33486

3.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Gloria Drummond  
3.3 STREET ADDRESS 421 East Royal Palm Road  
3.4 CITY-ST-ZIP Boca Raton, FL 33432

4.1 TITLE Secretary/Director ☒ Change ☐ Addition  
4.2 NAME Michael P. Irvin  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John H. Weir* JOHN H. WEIR

2-19-97

561-265-7257

CR2E037 (9/96)