2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED Aug 05, 2005 8:00 am Secretary of State

Daytime Phone #

Date

1. Entity Nam	e	# N96000 HOSPITAL RE		NDATION, IN	, С.				08-05	-2005 9	0001 00)3 ****61	.25
Principal Place 6630 BISCAY MIAMI, FL 33	'NE BOULEV		663	ng Address O BISCAYNE BOUL MI, FL 33138	EVARD				. ibri à 4 111	em es ili es ili	EECH EFIECE		
2. Principal P	lace of Busir	ness	3. Ma	iling Address									
Suite, Apt.	#, etc.		S	uite, Apt. #, etc.			,	6302005	Chg-N	IP	CRSEO	37 (10/03)	
City & State	9		_ c	ity & State			4.	. FEI Numb	er	'' 			plied For
Zip		Country	Zi		Cou	untry		65-071				\$8.75 Add	ot Applicable
·	C Name			·				Certificate				Fee Required	
·		and Address of Cu	urrent Hegister	ed Agent		Name		Name and	LEN	OI NEW HO	egistered	Agent	
IKPE, NSII 6630 BISC MIAMI, FL	AYNE BO	DULEVARD				Street A	I KPE ddress (P.O.			Acceptable)		
2	;						30 B	iscai	<i>yne</i>	BLVI	۷		
<u> </u>	·	· '					mian	γi	·		FL	<u> </u>	3130
	tions of regis	ty submits this stater tered agent.	Ship	e			registered a		oth, in the t	State of Flo	nda. Tam	familiar with,	and accept
	Significate, typed		ed agent and title it ap	T									
De	Filing Fe	ee is \$61.25 ptember 7, 200	, <u>, , , , , , , , , , , , , , , , , , </u>	9. Election Ca Trust Fund	mpaign F	inancing		5.00 May I ded to Fees	Be			k payable te rtment of St	
10.	Filing Fe	ee is \$61.25 ptember 7, 200	, <u>, , , , , , , , , , , , , , , , , , </u>	9. Election Ca Trust Fund	mpaign F Contribut	inancing tion.	□ \$5 Ad	5.00 May I ded to Fees	ANGES T	Flori	da Depa	RECTORS IN	I 10
	Filing Fe ue by Ser D IPKE, NS	ee is \$61.25 ptember 7, 200 OFFICERS A	95 ND DIRECTORS	9. Election Ca Trust Fund	mpaign F Contribut 11.	Financing tion.	□ \$5	5.00 May I ded to Fees DITIONS/CH	ANGES T	Flori O OFFICER	RS AND D	rtment of St	tate
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G OFFICER OR DIRECTOR

2005 NOT-FOR-PROFIT CORPORATION

	ANNUAL	. REPORT		ATTACHMENT	
1. Entity Nam	MENT # N9600000	·	c. (2)		
Principal Place 6630 BISCAY MIAMI, FL 33	'NE BOULEVARD	Mailing Address 6630 BISCAYNE BOULE MIAMI, FL 33138	VARD	50000048	
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06302005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number Applied For 65-0719890 Not Applied	_
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	ļ
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	二
IKPE, NSII	DIBE	-	Name	IKPE, HELEN R.	}
	AYNE BOULEVARD		Street Ad	Idress (P.O. Box Number is Not Acceptable)	
MIAMI, FL	33138		66	30 Biscayne BLVD	
			City	viami FL 33138	
	named entity submits this statement fions of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE.	Signature, typed or printed name of registered agen	And the Secretary	- Paris - A	re required when reinstating) DATE	
	Digitalists, types or present ranks or registered agen	i and one is appricable. (1901)	: Registered Agent signatu		
		0.51			\dashv
	Filing Fee is \$61.25 ue by September 7, 2005	Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Added to State	
10.	ue by September 7, 2005 OFFICERS AND D	Trust Fund C	Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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