SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)P03188 DOCUMENT # DEBORAH HOSPITAL FOUNDATION, INC. Mailing Address Principal Place of Business 212 TRENTON ROAD/CYMROT CENTER 212 TRENTON ROAD/CYMROT CENTER BROWNS MILLS. NJ. 08015 BROWNS MILLS. NJ. 08015 3a. Date of Last Report 06/22/1995 3. Date Incorporated or Qualified 08/28/1984 4. FEI Number 22-2049500 Applied For 2. Principal Place of Business Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired X Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name TUOHEY, HAROLD P. 82 Street Address (P.O. Box Number is Not Acceptable) 4966 N UNIVERSITY DR 83 LAUDERHILL FL 33351 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. X Change ŏ DELETE Addition 11 TITLE TITLE President MARGEOTES, SPERO **72E037** 12 NAME Spero Margeotes NAMÉ TRENTON ROAD Trenton Road Browns Mills, 1.3 STREET ADDRESS STREET ADDRESS BROWNS MILLS, NJ 1.4 CITY - ST - ZIF CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE KATZ, JULIUS 2.2 NAME NAME TRENTON ROAD 2.3 STREET ADDRESS STREET ADDRESS **BROWNS MILLS NJ** 2 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE ERNST, JOHN 3.2 NAME NAME TRENTON ROAD 3 3 STREET ADDRESS STREET ADDRESS **BROWNS MILLS NJ** 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE ISAACS, IRWIN I. 4 2 NAME NAME TRENTON ROAD 4.3 STREET ADDRESS STREET ADDRESS **BROWNS MILLS NJ** 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE MINARDO, CARL J. 5.2 NAME TRENTON ROAD 5.3 STREET ADDRESS STREET ADDRESS **BROWNS MILLS NJ** 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition X DELETE 61 TITLE TITLE FRYCZYNSKI, STANLEY 6.2 NAME NAME Trenton Road 6.3 STREET ADORESS STREET ADDRESS BROWNS MILLS, NJ. 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 finan officer of 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 2 or Block 13 if changed, or on an attachment with an address. ock 13 if changed, or on an attachment with an address that my name appears farl J. Minardo, CFRE Director of Finance & Admin.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

0016354

609-893-0300