


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03188** (0)

1. Corporation Name

**DEBORAH HOSPITAL FOUNDATION, INC.**

Principal Place of Business <b>212 TRENTON ROAD/CYMROT CENTER BROWNS MILLS, NJ. 08015</b>	Mailing Address <b>212 TRENTON ROAD/CYMROT CENTER BROWNS MILLS, NJ. 08015</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/28/1984</b>
4. FEI Number <b>22-2049500</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>TUOHEY, HAROLD P. 4966 N UNIVERSITY DR LAUDERHILL FL 33351</b>
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10. Name and Address of New Registered Agent 81 Name <b>TUOHEY HAROLD P.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>THE ATRIUM FINANCIAL CENTER</b> 83 <b>1515 NORTH FEDERAL HIGHWAY, SUITE 304</b> 84 City <b>BOCA RATON, FL</b> 85 Zip Code <b>33432</b>
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGEORTES, SPERO</b>	
STREET ADDRESS	<b>TRENTON ROAD</b>	
CITY-ST-ZIP	<b>BROWNS MILLS NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KATZ, JULIUS</b>	
STREET ADDRESS	<b>TRENTON ROAD</b>	
CITY-ST-ZIP	<b>BROWNS MILLS NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ERNST, JOHN</b>	
STREET ADDRESS	<b>TRENTON ROAD</b>	
CITY-ST-ZIP	<b>BROWNS MILLS NJ</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ISAACS, IRWIN I.</b>	
STREET ADDRESS	<b>TRENTON ROAD</b>	
CITY-ST-ZIP	<b>BROWNS MILLS NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MINARDO, CARL J.</b>	
STREET ADDRESS	<b>TRENTON ROAD</b>	
CITY-ST-ZIP	<b>BROWNS MILLS NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BENJAMIN WINDERMAN</b>	
4.3 STREET ADDRESS	<b>TRENTON ROAD</b>	
4.4 CITY-ST-ZIP	<b>BROWNS MILLS NJ</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

*Carl J. Minardo*

CARL J. MINARDO, CERE

3/3/98

609-893-0300

CR2E037 (10/97)