2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# P07000053187

Entity Name: CITY OF SOUTH MIAMI HEALTH FACILITIES AUTHORITY, INC.

Current Principal Place of Business:

6130 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6130 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUEREDO, LUIS R
18001 OLD CUTLER ROAD
SUITE 556
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ACKER, BARBARA	
Address:	7222 SW 68TH COURT	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	GARCIA, TERESITA C	
Address:	6545 SW 49 STREET	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	ARTECONA, MARIO J	
Address:	6525 SW 55 LANE	
City-St-Zip:	SOUTH MIAMI, FL 33155	
Title:	D	( ) Delete
Name:	CAPO, HECTOR	
Address:	6040 SW 76 STREET	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	MANN, ZACHARY	
Address:	6791 SW 78 TERRACE	
City-St-Zip:	SOUTH MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATILDE G. MENENDEZ FD 08/22/2008

Electronic Signature of Signing Officer or Director — Date