

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053187

FILED  
Apr 27, 2009  
Secretary of State

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: 65-0641181

FEI Number Applied For ( )

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

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: BARBARA ACKER

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date