FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1996 8:00 am
Secretary of State

-05/15/96--01080--025
****233.75 ****233.75

DOCUMENT # P94000042784

1. Corporation Name

Trinity Medical Center of Deerfield
1741 E. Commercial
Ft. Lauderdale, FL 33334

Principal Place of Business / Mailing Address

1741 E. Commercial
Ft. Lauderdale, FL 33334

3. Date Incorporated or Qualified: 6/8/94	3a. Date of Last Report: 5/1/95
4. FEI Number: 65-0503405	[ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 n/a	26 n/a
22 Suite, Apt #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

STANLEY H. KUPERSTEIN
1110 Brickell Ave., 7th Floor
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: KENNETH B. KASSIN, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1736 E. Commercial Blvd.
83
84 City: Fort Lauderdale, FL
85 Zip Code: 33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] M.D. — Signature, typed or printed name of registered agent and title if applicable — DATE: 5/13/96

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: Kenneth Kassin STREET ADDRESS: 1736 E. Commercial Blvd. CITY-ST-ZIP: Ft. Lauderdale, FL 33334 [ ] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP [ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP [ ] Change [ ] Addition

NSL 5/15/96

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] M.D. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/13/96 (954) 776-4311 Daytime Phone #

CR2E034 (12/95)