

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000064438 (1)**

1. Corporation Name
NOB HILL MEDICAL CENTER, INC.

ck # 1132



Principal Place of Business: C/O MICHAEL A. FISCHLER, ESQUIRE, 116 SE SIXTH COURT, FORT LAUDERDALE FL 33301
Mailing Address: C/O MICHAEL A. FISCHLER, ESQUIRE, 116 SE SIXTH COURT, FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: **08/19/1995**
3a. Date of Last Report
4. FLL Number: **65-0607480**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: **10098 W McNab Rd., Tamarac, Florida 33321**
21. City & State: **Tamarac, Florida**
22. Zip: **33321**
23. Country: **USA**
24. Name and Address of Current Registered Agent: **FISCHLER, MICHAEL A, 116 SE SIXTH COURT, FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOT: Registered Agent signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIM, GEORGE T JR	
STREET ADDRESS	3505 NORTHWEST 84TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	LIM, PRECY	
STREET ADDRESS	10098 W McNab Rd.	
CITY-ST-ZIP	Tamarac, Florida 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LIM, GEORGE T	
1.3 STREET ADDRESS	10098 W McNab Rd	
1.4 CITY-ST-ZIP	TAMARAC, FLORIDA 33321	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: **PRECY LIM** DATE: **04-29-96** PHONE: **954-724-9080**

CR2E034 (12/95)