

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700061

Entity Name: SOUTH MIAMI HOSPITAL, INC.**Current Principal Place of Business:**6200 SW 73 STREET
SOUTH MIAMI, FL 33143**Current Mailing Address:**6200 SW 73 STREET
SOUTH MIAMI, FL 33143 US**FEI Number:** 59-0872594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 US*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

Officer/Director Detail :

Title CEO
Name MENDEZ, LINCOLN S
Address 6200 SW 73 STREET
City-State-Zip: SOUTH MIAMI FL 33143

Title CHAIRMAN
Name BARKER, YERBY T
Address 6200 SW 73 STREET
City-State-Zip: SOUTH MIAMI FL 33143

Title VC
Name RODRIGUEZ, DOMINGO ESQ.
Address 6200 SW 73 STREET
City-State-Zip: SOUTH MIAMI FL 33143

Title S
Name CHANNER, BARRON
Address 6200 SW 73 STREET
City-State-Zip: SOUTH MIAMI FL 33143

Title TREASURER
Name CORRIGAN, GEORGE
Address 6200 SW 73RD STREET
City-State-Zip: MIAMI FL 33143

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINCOLN S. MENDEZ

CEO

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date