

2023 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:**6855 RED ROAD SUITE 600
CORAL GABLES, FL 33143 US**FEI Number: 59-0872594****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	DUQUETTE, WILLIAM
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	RAMOS, MARCOS REV MD
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: WILLIAM DUQUETTE**CEO****03/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date