

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90039 012 ***150.00

DOCUMENT # 624793
 1. Entity Name
PALM SPRINGS GENERAL HOSPITAL, INC.

Principal Place of Business 1475 WEST 49TH STREET HIALEAH FL 33012	Mailing Address 1475 WEST 49TH STREET HIALEAH FL 33012-3222
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2052335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LOUIS, PAUL A.
1125 ALFRED I. DUPONT BLVD., 169 E, FLAGLER
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME PD SMITH, OAKLEY G.	<input type="checkbox"/> Delete
STREET ADDRESS 1475 WEST 49TH STREET	
CITY-ST-ZIP HIALEAH FL	
TITLE NAME SD CODDINGTON, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS 1475 WEST 49TH STREET	
CITY-ST-ZIP HIALEAH FL	
TITLE NAME D SCHELLENS, PETER L.	<input type="checkbox"/> Delete
STREET ADDRESS 1475 WEST 49TH STREET	
CITY-ST-ZIP HIALEAH FL	
TITLE NAME D SMITH, PATRICIA MARY	<input type="checkbox"/> Delete
STREET ADDRESS 1475 WEST 49TH STREET	
CITY-ST-ZIP HIALEAH FL	
TITLE NAME D ROBINSON, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS 1475 WEST 49TH STREET	
CITY-ST-ZIP HIALEAH FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME AS Smith-Montandon, Vanessa L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1475 West 49 Street	
CITY-ST-ZIP Hialeah, Fla. 33012	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oakley G. Smith* **4/11/00 305/558-2500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Oakley G. Smith

CRZE034 (9/99)