


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 624793 1. Entity Name PALM SPRINGS GENERAL HOSPITAL, INC.	
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Principal Place of Business 1475 WEST 49TH STREET HIALEAH, FL 33012	Mailing Address 1475 WEST 49TH STREET HIALEAH, FL 33012
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	

6. Name and Address of Current Registered Agent LOUIS, PAUL A. 1125 ALFRED I. DUPONT BLVD., 169 E, FLAGLER MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, OAKLEY G 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CODDINGTON, VIRGINIA 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHELLENS, PETER L 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, OAKLEY J 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, WILLIAM R 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SMITH-MONTANDON, VANESSA L 1475 WEST 49 STREET HIALEAH, FL 33012

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05/20/06-80007-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement to 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/1/06** **305-824-4703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #