


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 04, 2007 08:00 A
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2052335	Applied For 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

U00000761407
 05/25/07-80055-001 150.00

DO NOT WRITE 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oakley G. Smith* 4/30/07 305-824-4702
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #