2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 624793

1. Entity Name
PALM SPRINGS GENERAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
1475 WEST 49TH STREET HIALEAH, FL 33012	1475 WEST 49TH STREET HIALEAH, FL 33012

04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2052335
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

XXXXXXXXXX JOHN ZAVERTNIK
1125 ALFRED I. DUPONT BLVD.,169 E, FLAGLER
MIAMI, FL 33131

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000928064
05/21/08-80013-018 150.00

10. OFFICERS AND DIRECTORS

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

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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: _____ 4/28/08 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #