FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709039

1. Corporation Name

PALM SPRINGS GENERAL HOSPITAL, INC. OF HIALEAH

Principal Place of Business 1475 W. 49TH STREET HIALEAH FL 33012

21

2. Principal Place of Business

SIGNATURE:

Mailing Address

1475 W. 49TH STREET HIALEAH FL 33012

2a. Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90151 007 ****61.25



3. Date Incorporated or Qualifed

05/27/1965

City & State City & Status Desired \$8.75 Additional Fee Required Fee Required \$5.00 May Be Added to Fees Added to Fees S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOUIS, PAUL A. 1125 ALFRED I DUPONT BLDG MIAMI FL 33131 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12. TITLE D	Suite, Apt.	# etc	Suite, Apt. #, etc.		····	4. FEI Number	,÷	ے App	lied For
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9. Name and Address of Current Registered Agent LOUIS, PAUL A 1125 ALFRED I DUPONT BLDG MIAMI FL 33131 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Section Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Section Statutes. The corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Section Section Statutes. The corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Section Statutes. The corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Section Statutes. The corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Statutes. The corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. arm trailing with, and accept the obligations of Section Sectio							Ц	•	•
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MIAMI FL 33131 84					Street Addre	iss (P.O. Box Number is Not Accept			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heraby accept the expositioners agent. I am familiar with, and accept the obligations of, Section 617.0503, Priorida Statutes, Thoras Statutes, The above-named corporation's board of directors. I heraby accept the expositioners agent and the submit of the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I heraby accept the expositioners agent agent, and accept the obligations of, Section 617.0502 priorida disease of mighteen agent and the submit of the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I heraby accept the expositioners as submitted by the corporation's board of directors. I heraby accept the expositioners as submitted agent, or both in the State of Florida, Statutes, the above-named corporation's board of directors. I heraby accept the expositionary as registered agent, or both in the State of Florida Statutes, the above-named corporation's board of directors. I heraby accept the expositionary as registered degent, or both in the state of the purpose of Change agent, and a corporation's board of directors. In terms a segistered degent, or both in the State of Parks and of Change agent, and and accept the objectives and analysis are applied when refusating) DATE. 17. Legister Additionary and a corporation agent and the submitted by the corporation's board of directors. I heraby accept the exposition and additionary and additionary and accept the objectives and analysis are applied and accept the objectives and acc	The state of the s				83				
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64 CITY-ST-ZIP	NAME					,			
CITY-ST-ZIP 14. 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 annual report or supplemental annual/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 617, Florida Statutes; and that my name appears in	STREET ADDRESS)				
14. 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 annual report or supplemental annual/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 truistee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in	CITY-ST-ZIP	<u> </u>		6.4 CITY-S	T-ZIP			No. Harth . !	<u> </u>
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