

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90094 014 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

660787

DOCUMENT # 709039
1. Entity Name
PALM SPRINGS GENERAL HOSPITAL, INC. OF HIALEAH

1475 West 49 St Hialeah, Fl. 33012 **1475 West 49 Street Hialeah, Fl 33012**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. # etc. Suite, Apt. # etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1097550** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Louis, Paul A.

Street Address (P.O. Box Number is Not Acceptable)
1125 Alfred I Dupont Blvd, 169 E Flagler Miami, Fl. 33131

City **FL** Zip Code

B. 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 _____ DATE _____
Signature must be original name of registered agent and copy if applicable. (NOTE: Registered Agent signature required when transferring)

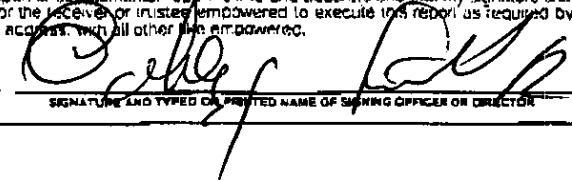
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 31 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$612.00
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 D	NAME Robinson, William R	TITLE	
STREET ADDRESS 1475 West 49 Street	STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP Hialeah, Fl	CITY- ST- ZIP	CITY- ST- ZIP	
TITLE SD	NAME Coddington, Virginia	TITLE	
STREET ADDRESS 1475 West 49 Street	STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP Hialeah, Fl.	CITY- ST- ZIP	CITY- ST- ZIP	
TITLE PD	NAME Smith, Oakley G.	TITLE	
STREET ADDRESS 1475 West 49 Street	STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP Hialeah, Fl	CITY- ST- ZIP	CITY- ST- ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(g), 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 in an attachment with an account, and all other, I am empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02