

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# 709039

Entity Name: PALM SPRINGS GENERAL HOSPITAL, INC. OF HIALEAH

**Current Principal Place of Business:**

1475 W. 49TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1475 W. 49TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 59-6165471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOUIS, PAUL A.  
1125 ALFRED I DUPONT BLDG  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBINSON, WILLIAM R.,  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL

Title: SD ( ) Delete  
Name: CODDINGTON, VIRGINIA,  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL

Title: PD ( ) Delete  
Name: SMITH, OAKLEY G  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL

Title: D ( ) Delete  
Name: CAMPBELL, AVERY  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROBINSON, WILLIAM R.,  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL 33012 US

Title: SD (X) Change ( ) Addition  
Name: CODDINGTON, VIRGINIA,  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL 33012 US

Title: PD (X) Change ( ) Addition  
Name: SMITH, OAKLEY G  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL 33012 US

Title: D (X) Change ( ) Addition  
Name: SMITH, CAMPBELL A  
Address: 1475 W. 49TH ST.  
City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OAKLEY G SMITH

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04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date