


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90099 023 ****61.25

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



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

Mailing Address
**1475 W. 49TH STREET
 HIALEAH, FL 33012**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

60037778



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6165471

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBINSON, WILLIAM R. | |
| STREET ADDRESS | 1475 W. 49TH ST. | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CODDINGTON, VIRGINIA | |
| STREET ADDRESS | 1475 W. 49TH ST. | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SMITH, OAKLEY G | |
| STREET ADDRESS | 1475 W. 49TH ST. | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, NICHOLAS T. | |
| STREET ADDRESS | 1475 W. 49th St. | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, OAKLEY JASON | |
| STREET ADDRESS | 1475 W. 49th St. | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH-MONTANDON, VANESSA LEY | |
| STREET ADDRESS | 1475 W. 49th St | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, 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: _____ **5/1/06** **305-824-4703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #