



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

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
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6165471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WILLIAM R. 1475 W. 49TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CODDINGTON, VIRGINIA 1475 W. 49TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, OAKLEY G 1475 W. 49TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NICHOLAS T 1475 W. 49TH ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, OAKLEY JASON 1475 W 49TH STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH-MONTANDON, VANESSA 1475 W. 49TH ST HIALEAH, FL 33012

U00000761823
05/25/07-80072-001 61.25

DO NOT WRITE IN THIS SPACE

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:  **4/30/07** **305-824-4702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #