

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709039

FILED
Apr 28, 2009
Secretary of State

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:

ZAVERTNIK, JOHN L ESQ.
169 E FLAGLER ST STE 1125
MIAMI, FL 331311205 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 33012 US

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

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

Title: D () Delete
Name: SMITH, NICHOLAS T
Address: 1475 W. 49TH ST
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SMITH, OAKLEY JASON
Address: 1475 W 49TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SMITH-MONTANDON, VANESSA
Address: 1475 W. 49TH ST
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip: US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SMITH, OAKLEY G

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date