


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # G11755</b> 1. Entity Name CORAL GABLES HOSPITAL, INC.	
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FILED

04 MAR -3 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3820 STATE STREET C/O MARY H. YUMBE SANTA BARBARA, CA 93105 Sherrie Smith	Mailing Address 3820 STATE STREET C/O MARY H. YUMBE SANTA BARBARA, CA 93105 Sherrie Smith
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2243206	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01052004 Chg-P CR2E034 (10/03)	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P GARCIA, MARTHA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 DOUGLAS ROAD	NAME	100029821881
STREET ADDRESS	CORAL GABLES, FL 33134	STREET ADDRESS	03/03/04--01062--001 **17636.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, RICHARD B	NAME	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, DENNIS L	NAME	
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, CAITLIN M	NAME	Kristina A. Mack
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	Santa Barbara, CA 93015
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #