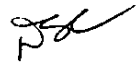


2006 FOR PROFIT CORPORATION ANNUAL REPORT


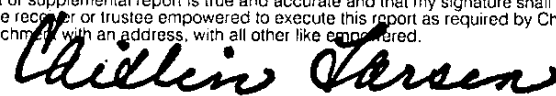
APPROVED
AND
FILED

06 JUL 20 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




07182006 Chg-P CR2E034 (11/05)

DOCUMENT # G11755			
1. Entity Name CORAL GABLES HOSPITAL, INC.			
Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240		Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240	
2. Principal Place of Business 13737 Noel Rd		3. Mailing Address 13737 Noel Rd	
Suite, Apt. #, etc. Ste 100		Suite, Apt. #, etc. Ste 100	
City & State Dallas TX 75240		City & State Dallas TX 75240	
Zip 75240	Country USA	Zip 75240	Country USA
4. FEI Number 59-2243206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, JAY 13737 NOEL RD DALLAS, TX 75240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700077970647 07/26/06--01005--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Caitlin Larsen 13737 Noel Rd Ste 100 Dallas TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Jeffrey S Sherman 13737 Noel Rd Ste 100 Dallas, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 3820 STATE STREET SANTA BARBARA, CA 93105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS Kristina A Mack 13737 Noel Rd Ste 100 Dallas TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Caitlin Larsen, Sec/Dir 469-893-2701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #