

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58488

FILED
Jan 21, 2009
Secretary of State

Entity Name: SOUTHGATE MEDICAL CENTER, INC.

Current Principal Place of Business:

C/O ZAHID HUSIAN QURESHI
2201 NE 52ND STREET STE 206
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

C/O ZAHID HUSIAN QURESHI
2201 NE 52ND STREET STE 206
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 59-2538740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QURESHI, ZAHID HUSIAN
2201 NE 52ND STREET
STE 206
LIGHTHOUSE POINT, FL 33064 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OURESHI, ZAHID HUSIA, N
Address: 2201 NE 52ND STREET STE 206
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZAHID H. QURESHI

MD

01/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date