

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10214

FILED
Jan 19, 2009
Secretary of State

Entity Name: POMPANO BEACH COMMUNITY MEDICAL CENTER CORPORATION, INC.

Current Principal Place of Business:

1800 NORTH FEDERAL HIGHWAY
SUITE 104
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1800 NORTH FEDERAL HIGHWAY
SUITE 104
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0154907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURR, MARY ELLEN
1800 N FEDERAL HWY.
STE. 104
POMPANO BCH., FL 33062 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: PD () Delete
Name: WITT, WILLIAM M
Address: 1800 N. FEDERALHIGHWAY, 104
City-St-Zip: POMPANO BEACH, FL

Title: VD () Delete
Name: SCHULTE, ROBERTA,
Address: 15935 PRESTWICK
City-St-Zip: MIAMI LAKES, FL

Title: STD () Delete
Name: GURR, MARY ELLEN,
Address: 7124 NW 47TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: SPAET, HAL
Address: 555 NE 15 ST APT 34H
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: IRIBAR, MANUEL,
Address: 1800 N FEDERAL HWY #104
City-St-Zip: POMPANO BCH, FL

Title: D () Delete
Name: CORTINA, HUMBERTO,
Address: 4064 BONITA AVENUE
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MARY ELLEN GURR

SEC

01/19/2009

Electronic Signature of Signing Officer or Director

Date