

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L86633 (9)**

1. Corporation Name
COLONY SPRINGS MEDICAL CENTER, INC.



Principal Place of Business: **8333 W MCNAB RD STE 101 TAMARAC FL 33321-3203**
Mailing Address: **8333 W MCNAB RD STE 101 TAMARAC FL 33321-3203**

3. Date Incorporated or Qualified: **07/12/1990**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0208025	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**NEIRA, BAGRIEL R
8333 W MCNAB RD
STE 116
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	PD - PRESIDENT
NAME	NEIRA, GABRIEL R	12 NAME	GABRIEL R NEIRA
STREET ADDRESS	12420 SW 1 STR	13 STREET ADDRESS	12420 SW 1 STR
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	CORAL SPRING, FL 33071
TITLE	D	2. 1 TITLE	VICE PRESIDENT
NAME	PEREIRA, NELSON M	22 NAME	CLAUDIA NEIRA
STREET ADDRESS	8333 W MCNAB RD, STE 101	23 STREET ADDRESS	8333 W MCNAB RD - SUITE 101
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	T	3. 1 TITLE	TESORERO
NAME	NEIRA, CLAUDIA	32 NAME	NEIRA CLAUDIA MARIA
STREET ADDRESS	8333 W MCNAB RD, STE 116	33 STREET ADDRESS	12420 SW 1 STR.
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	CORAL SPRING, FL 33071
TITLE	S	4. 1 TITLE	SECRET.
NAME	NEIRA RICHARDO A.	42 NAME	NEIRA RICARDO A.
STREET ADDRESS	8333 W. MCNAB RD. ST #116	43 STREET ADDRESS	12420 SW 1 STR.
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	CORAL SPRING, FL. 33071
TITLE		5. 1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6. 1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claudia Neira* **CLAUDIA NEIRA** 4/12/96 954-720-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)