

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 04/22/1996  
4. FEI Number: 65-0208025  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	NEIRA, GABRIEL R
STREET ADDRESS	12420 SW 1 STR
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PEREIRA, NELSON M
STREET ADDRESS	8333 W MCNAB RD, STE 101
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	T <input type="checkbox"/> DELETE
NAME	NEIRA, CLAUDIA
STREET ADDRESS	8333 W MCNAB RD, STE 116
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	S <input type="checkbox"/> DELETE
NAME	NEIRA RICHARDO A.
STREET ADDRESS	8333 W. MCNAB RD. ST #116
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HECTOR ORTIZ MD
2.3 STREET ADDRESS	DIRECTOR
2.4 CITY-ST-ZIP	8333 W Mc Nab Rd. Suite 116 TAMARAC, FL 33321
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_ DATE: 01/31/97 (974) 720 0052

CR2E034 (9/96)