


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

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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L86633

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 07/12/1990	
4. FEI Number 65-0208025	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NEIRA, GABRIEL
 12420 SW 1 STRD
 STE 116
 CORAL SPRINGS FL 3307

10. Name and Address of New Registered Agent

81 Name	NEIRA GABRIEL
82 Street Address (P.O. Box Number is Not Acceptable)	12420 SW 1 STR.
83	
84 City	Coral Springs, FL
85 Zip Code	33071

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating)

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	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORITZ, HECTOR	
STREET ADDRESS	8333 WEST MCNAB ROAD - SUITE 116	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEIRA, CLAUDIA	
STREET ADDRESS	8333 W MCNAB RD, STE 116	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEIRA RICHARDO A.	
STREET ADDRESS	8333 W. MCNAB RD. ST #116	
CITY-ST-ZIP	TAMARAC FL	
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	PD. NEIRA GABRIEL
1.3 STREET ADDRESS	12420 SW STRD.
1.4 CITY-ST-ZIP	Coral Springs, FL 33071
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. ORTIZ HECTOR M.D.
2.3 STREET ADDRESS	8333 West McNab Rd. Ste 116
2.4 CITY-ST-ZIP	TAMARAC FL 33321
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T. NEIRA CLAUDIA
3.3 STREET ADDRESS	8333 W McNab Rd. Ste 101
3.4 CITY-ST-ZIP	TAMARAC, FL 33321
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S. NEIRA RICARDO
4.3 STREET ADDRESS	8333 W McNab Rd. ST 101
4.4 CITY-ST-ZIP	TAMARAC, FL 33321
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 with a letter like empowered.

SIGNATURE: *[Signature]* DATE: **04/20/99** (274) 720 0072
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)