

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L86633

**FILED**  
**Mar 01, 2004**  
**Secretary of State**

**Entity Name:** COLONY SPRINGS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

8333 W MCNAB RD  
101  
TAMARAC, FL 333213203

**New Principal Place of Business:**

**Current Mailing Address:**

8333 W MCNAB RD  
101  
TAMARAC, FL 333213203

**New Mailing Address:**

**FEI Number:** 65-0208025      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEIRA, GABRIEL  
8333 W MCNAB RD  
TAMARAC, FL 333213203

**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: NEIRA, GABRIEL  
Address: 8333 W MCNAB RD  
City-St-Zip: TAMARAC, FL 333213203

Title: D ( ) Delete  
Name: ABRIL, ANDINO M.D.  
Address: 8333 W MCNAB RD  
City-St-Zip: TAMARAC, FL 333213203

Title: M ( ) Delete  
Name: NEIRA, CLAUDIA  
Address: 8333 W MCNAB RD  
City-St-Zip: TAMARAC, FL 333213203

Title: S ( ) Delete  
Name: NEIRA, RICARDO  
Address: 8333 W MCNAB RD  
City-St-Zip: TAMARAC, FL 333213203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: ABRIL, ANDINO M.D.  
Address: 8333 W MCNAB RD  
City-St-Zip: TAMARAC, FL 333213203

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 for the exemption stated in Section 119.07(3)(i), 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: GABRIEL NEIRA

PD

03/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date