


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 013 \*\*\*\*70.00

**DOCUMENT # N04000006807**

1. Entity Name  
**HOLY SPIRIT HOSPITAL FOUNDATION, INC.**



Principal Place of Business  
**734 BELVEDERE RD.  
 C/O JOSEPH PIERRE CADET  
 WEST PALM BEACH, FL 33405**

Mailing Address  
**734 BELVEDERE RD.  
 C/O JOSEPH PIERRE CADET  
 WEST PALM BEACH, FL 33405**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



05232005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**02-0622411**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CADET, JOSEPH PIERRE P  
 1539 PALM LAND DRIVE  
 BOLYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CADET, JOSEPH PIERRE P 1539 PALM LAND DRIVE BOLYNTON BEACH, FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEAN-LOUIS, ROLAND 13785 NW 5TH AVE. MIAMI, FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANGE, FITZ HARVEY 1539 PALM LAND DRIVE BOLYNTON BEACH, FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEVRY-RENAULT, MICHEL-ANGE 1539 PALM LAND DRIVE BOLYNTON BEACH, FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIXAMAR, PHILLIPPE PLACE BEAUVAIS, CROIX-CES-BOUQUETS HAITI (W.I.) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTAVE, JEAN-CLAUDE P 12320 NE 6TH AVE. N. MIAMI, FL 33131 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JULES A. CADET MD          128 NE 54th AVE          MIAMI, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCARVE FITZ HARVEY M.ed          1539 PALM LAND DRIVE          BOYNTON BEACH, FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **06/06/05**  
SIGNATURE AND TYPE OF OFFICER, NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #