FILED Mar 18, 2005 8:00 am Secretary of State

200	ANNUAL REPORT	KATION

DOCUMENT # N95000001178 ERRY HISH MEDICAL CENTER, INC.		ANIOAL	· KLF	OK I				Decr	cui y	OI D	, tute
## AD PAINETTO STREET SUMMAND EACH, FL 3216B ORLANDO, FL 32202-2809 US ## ADDITIONS FOR COUNTY ORLANDO, FL 32306-801 ## ADDITIONS FOR COUNTY ORLANDO, FL 32701 ## ADDITIONS FOR COUNTY ORLANDO ## ADDIT	1. Entity Name							03-18-2	005 90071		
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Special Country Zip Country Zip Country Sp. Contributed of Status Desired Sta	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			02012005	Chg-NP	CR2E037	(10/03)	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zig Code S. 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 acceptable into the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable into the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. Filling Fee is \$61.25 Die 10	City & State	9	City	City & State							
S. Name and Address of Current Registered Agent Name	Zip .	Country	Zip		Country		5. Certificate	of Status Desired		8.75 Addi	itional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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 familier with, and accept the octopations of registered agent. SIGNATURE Signature I may 1, 2005 Filling Fee is \$61.25 Due by May 1, 2005 Filling Fee is \$61.25 Due by May 1, 2005 Prost Fund Contribution: Defice Signature I may 1, 2005 Trust Fund Contribution: MALLORY, JACQUELINE A STREET NORMS AND PALMETTO STREET THE DO MALE STREET STREET NEW SMYRNA BEACH, FL 32168 THE DO WWS SMYRNA BEACH, FL 32168 THE DOWNS SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET STREET NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET ADDRESS CITY-S1-2P NEW SMYRNA BEACH, FL 32168 THE STREET AD		6. Name and Address of Current	Registered	Agent			7. Name and	Address of New			
215 NORTH EOLA DRIVE ORLANDO, FL 32701 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 accepting experience agent. SIGNATURE SIGNAT	HEEKĪN J	AMES F.IR			Name						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent. SIGNATURE Signature	215 NORTH EOLA DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signatrue					City				FI	Zip Code)
SIGNATURE Signature typed or printed neme of registered spars and size it applicable. (MOTE Registered Agent Birmlars required when recitations) Discription Discri	8. The above	named entity submits this statement for	or the purpos	se of changing its re	egistered office	or registe	red agent, or both	h, in the State of f		niliar with,	and accept
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3 MARch 2005 (386) 424-5100
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