2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90300 043 ***150.00

DOCUMENT # P00000018234

1. Entity Name
DELRAY HARBOR MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
9776 SOUTH MILITARY TRAIL SUITE D-2 BOYNTON BEACH FL 33436	9776 SOUTH MILITARY TRAIL SUITE D-2 BOYNTON BEACH FL 33436

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1705 S. Federal Hwy	
Suite, Apt. #, etc.: Suite A 8	Suite, Apt. #, etc.
City & State: Delray Beach	City & State
Zip: FL 33483 Country	Zip Country

4. FEI Number 65-0987517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETER J. SNYDER, P.A. 190 WEST PALMETTO PARK ROAD BOCA RATON FL 33432	Name: Mark Freeman MD Street Address (P.O. Box Number is Not Acceptable): 9776 S. Military TR D-2 City: Boynton Beach FL Zip Code 33436

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER, PETER J 190 WEST PALMETTO PARK ROAD BOCA RATON FL 33432 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #