

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State

02-03-2005 90035 039 ***150.00

DOCUMENT # P0100081172
1. Entity Name
LIGHTHOUSE POINT MEDICAL CENTER INC.



Principal Place of Business
4301 NORTH FEDERAL HWY. SUITE 6 POMPANO BEACH, FL 33064
Mailing Address
4301 NORTH FEDERAL HWY. SUITE 6 POMPANO BEACH, FL 33064

40011762



2. Principal Place of Business
2772 E. ATLANTIC BLVD SUITE, APT. #, etc.
3. Mailing Address
541 S. STATE BLVD SUITE, APT. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State
POMPANO BEACH, FLA.
MARGATE, FLA.
Zip
33062 BROWARD 33065 BROWARD

4. FEI Number
65-1133824
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TORRES, JOSE A
4301 NORTH FEDERAL HWY. SUITE 6 POMPANO BEACH, FL 33064

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 10. OFFICERS AND DIRECTORS, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include titles and addresses for Jose A Torres and Virginia M Torres.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/31/05
Daytime Phone #: 954-942-7897