

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90017 001 ***150.00

40005550



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1133824	Applied For Not Applicable
-----------------------------	-------------------------------

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

DOCUMENT # P01000081172
 1. Entity Name
LIGHTHOUSE POINT MEDICAL CENTER INC.



Principal Place of Business 2772 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33062	Mailing Address 541 SOUTH STATE ROAD 7 211 POMPANO BEACH, FL 33068
--	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 TORRES, JOSE A
 2760 EAST ATLANTIC BLVD
 POMPANO BEACH, FLORIDA 33160

DO NOT WRITE IN THIS SPACE

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: JOSE A. TORRES DATE: _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, JOSE A 2233 NW 3RD AVENUE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORRES, VIRGINIA M 2233 NW 3RD AVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOSE TORRES PRES Date: 2-4-942-17897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #