

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 2:36

**DOCUMENT # P93000015615 (6)**

1. Corporation Name  
**LIGHTHOUSE POINT MEDICAL CENTER, INC.**

DO NOT WRITE IN THIS SPACE.

|   |                                  |   |   |  |  |
|---|----------------------------------|---|---|--|--|
| Principal Name of Business<br><b>4301 N FEDERAL HWY<br/>S4<br/>POMPANO BCH FL 33064<br/>US</b>                                |                                  | Mailing Address<br><b>4301 N FEDERAL HWY<br/>S4<br/>POMPANO BCH FL 33064<br/>US</b> |   | 3. Date Incorporated or Qualified<br><b>02/24/1993</b>   | 3a. Date of Last Report<br><b>04/18/1994</b> |
| 2. Principal Name of Business<br><b>21</b>  | 2a. Mailing Address<br><b>26</b> |   | 4. FEI Number<br><b>65-0411633</b>                    | Applied For<br>Not Applicable  |  |
| 21 State, Apt. #, etc.<br><b>22</b>   |                                  | 26 State, Apt. #, etc.<br><b>27</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 22 City & State   |                                  | 27 City & State   |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 23 Zip  | 25 Country                       | 29 Zip  | 30 Country  | 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>HAUN-JA, JOH<br/>4301 N FEDERAL HWY<br/>S4<br/>POMPANO BCH FL 33064</b> |                                  |   | 10. Name and Address of New Registered Agent          |  |  |
|   |                                  |   | 81 Name   |  |  |
|   |                                  |   | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
|   |                                  |   | 83  |  |  |
|   |                                  |   | 84 City   | <b>FL</b>  | 85 Zip Code                                  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Registered Agent or Director) \_\_\_\_\_ (Signature of Registered Agent or Director when registered)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE<br><b>D</b>          | <b>JOH, HAUN-JA</b>                 | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOH, HAUN-JA</b>                 | 12 NAME   |   |
| STREET ADDRESS             | <b>4301 N. FEDERAL HWY., STE. 4</b> | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | <b>POMPANO BEACH FL 33064</b>       | 14 CITY, ST, ZIP                                      |   |
| TITLE                      |                                     | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 22 NAME   |   |
| STREET ADDRESS             |                                     | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                     | 24 CITY, ST, ZIP                                      |   |
| TITLE                      |                                     | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 32 NAME   |   |
| STREET ADDRESS             |                                     | 33 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                     | 34 CITY, ST, ZIP                                      |   |
| TITLE                      |                                     | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 42 NAME   |   |
| STREET ADDRESS             |                                     | 43 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                     | 44 CITY, ST, ZIP                                      |   |
| TITLE                      |                                     | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 52 NAME   |   |
| STREET ADDRESS             |                                     | 53 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                     | 54 CITY, ST, ZIP                                      |   |
| TITLE                      |                                     | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 62 NAME   |   |
| STREET ADDRESS             |                                     | 63 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                                     | 64 CITY, ST, ZIP                                      |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 of this filing if I am a director or an authorized officer.

SIGNATURE: *Haun-Ja Joh*  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-95 (305)946-2211*  
DATE AND TELEPHONE NUMBER