

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015615
1. Corporation Name
LIGH HOUSE POINT MEDICAL CENTER, INC.



Principal Place of Business Mailing Address
4301 N. FEDERAL HIGHWAY #4. POMPANO BEACH FL 33064. SAME.

2. Principal Place of Business 2a. Mailing Address
21 **4301 N. FEDERAL** 26 **4301 N. FEDERAL**
22 **SUITE 7.** 27 **SUITE 7.**
23 **POMPANO BEACH, FL.** 28 **POMPANO BEACH FL.**
24 **33064** 25 **BROWARD** 29 **33064** 30 **BROWARD**

3. Date Incorporated or Qualified **FEBRUARY 24/93** 3a. Date of Last Report **1995**
4. FEI Number **65-0411633** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHONGI, H. M.,
2629 N.E. 26TH TERRACE
LIGHTHOUSE POINT FL, 33064.**

10. Name and Address of New Registered Agent
81 Name **JOSE TORRES**
82 Street Address (P.O. Box Number is Not Acceptable) **4301 N. FEDERAL HIGHWAY #7.**
83
84 City **POMPANO BEACH FL** 85 Zip Code **33064**

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 **JOSE TORRES M.D.** **6/3/96**
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAUN-JA JOH.	
STREET ADDRESS	4301 N. FEDERAL #4	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE TORRES M.D.	
1.3 STREET ADDRESS	4301 N. FEDERAL #7	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001856782	<input type="checkbox"/> Addition
5.2 NAME	-06/10/96--01017--023	
5.3 STREET ADDRESS	***233.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOSE TORRES** **6/3/96** **(954) 946-2211**
NOTE: Registered Agent signature required when reinstating.

CR2F034 (12/05)