

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L86633 (9)
1. Corporation Name
COLONY SPRINGS MEDICAL CENTER, INC.

Principal Place of Business
**8333 W MCNAB RD
STE 101
TAMARAC FL 33321-3203**

Mailing Address
**8333 W MCNAB RD
STE 101
TAMARAC FL 33321-3203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0208025

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**

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**NEIRA, BAGRIEL R
8333 W MCNAB RD
STE 116
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
NEIRA, GABRIEL R
12420 SW 1 STR
CORAL SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PEREIRA, NELSON M
8333 W MCNAB RD, STE 101
TAMARAC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
NEIRA, CLAUDIA
8333 W MCNAB RD, STE 116
TAMARAC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
NEIRA, ALEXANDRA
8333 W MCNAB RD, STE 116
TAMARAC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**S
NEIRA Ricardo A.
8333 W McNab Rd. St. 116
TAMARAC, FL. 33321**

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 110.07(2)(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 its 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 addition in Block 13, as noted.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Area Phone #)

04/15/95 (305) 720 0076