05/01/2002 12:02 FAX 3054449119 FORMAN & PARKER

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90094 026 ***150.00

660775

DOCUMENT # 624793

1. Entity Name

PALM SPRINGS GENERAL HOSPITAL, INC.

2. Principal Place of Business	3. Mailing Address
1475 West 49 St Hialeah, Fl. 33012	1475 West 49 Street Hialeah, Fl 33012
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2052335 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Louis, Paul A.
1125 Alfred I Dupont Blvd. 169 E Flagler
Miami, Fl.. 33131

7. Name and Address of Current 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.

SIGNATURE _____ DATE

Typed or printed name of person signing and title or capacity, if applicable. NOTE: Registered Agent signature required when name is changed.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Smith, Oakley G.	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Coddington, Virginia	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Schellens, Peter L.	NAME	
STREET ADDRESS	1475 West 49 Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Smith, Oakley Jason	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl.	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Robinson, William R	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	Smith, Campbell Avery	NAME	
STREET ADDRESS	1475 West 49 Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl	CITY-ST-ZIP	

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #