

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014288

1. Entity Name
DELRAY MEDICAL CENTER, INC.



FILED

04 MAR -3 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3820 STATE ST
SANTA BARBARA, CA 93105

Mailing Address
3820 STATE ST
SANTA BARBARA, CA 93105

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
75-2922687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS
NAME SILVER, RICHARD B ☒ Delete
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE P
NAME FELDMAN, MITCHELL S ☐ Delete
STREET ADDRESS 5352 LINTON BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE V
NAME HIXON, LAWRENCE G ☐ Delete
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE T
NAME DENT, DENNIS L ☐ Delete
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS
NAME LARSEN, CAITLIN M ☒ Delete
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/Secretary
NAME Caitlin M. Larsen ☐ Change ☒ Addition
STREET ADDRESS 3820 State Street
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE
NAME 000029821890
STREET ADDRESS 03/03/04--01062--001 **17636.25
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Asst. Secretary
NAME Kristina A. Mack ☐ Change ☒ Addition
STREET ADDRESS 3820 State Street
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristina A. Mack

Kristina A. Mack, Asst. Secretary

2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #