2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# L86633

Entity Name: COLONY SPRINGS MEDICAL CENTER, INC.

Current Principal Place of Business:

8333 W MCNAB RD
101
TAMARAC, FL 333213203

New Principal Place of Business:

Current Mailing Address:

8333 W MCNAB RD
101
TAMARAC, FL 333213203

New Mailing Address:

FEI Number: 65-0208025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEIRA, GABRIEL
8333 W MCNAB RD
TAMARAC, FL 333213203 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEIRA, GABRIEL
Address: 8333 W MCNAB RD
City-St-Zip: TAMARAC, FL 333213203

Title: MD ( ) Delete
Name: ABRIL, ANDINO M.D.
Address: 8333 W MCNAB RD
City-St-Zip: TAMARAC, FL 333213203

Title: M ( ) Delete
Name: NEIRA, CLAUDIA
Address: 8333 W MCNAB RD
City-St-Zip: TAMARAC, FL 333213203

Title: S ( ) Delete
Name: NEIRA, RICARDO
Address: 8333 W MCNAB RD
City-St-Zip: TAMARAC, FL 333213203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL NEIRA PD 02/11/2005

Electronic Signature of Signing Officer or Director — Date