

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014288

1. Entity Name
DELRAY MEDICAL CENTER, INC.



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
13737 Noel Road

3. Mailing Address
13737 Noel Road

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Dallas, TX

City & State
Dallas, TX

Zip
75240

Country
USA

Zip
75240

Country
USA

01052005 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MACK, KRISTINA A
3820 STATE STREET
STANTA BARBARA, CA 93105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300054206553
05/10/05--01043--005 **150.00

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

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

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☐ Change ☐ Addition

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

3/10/05

805-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 APR 28 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APR 24 2005