

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014288

1. Entity Name
DELRAY MEDICAL CENTER, INC.



FILED

06 MAR 17 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address
13737 NOEL ROAD
STE 100
DALLAS, TX 75240



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05) 06

City & State
Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Change ☐ Addition
NAME Larsen, Caitlin
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400068544484
03/23/06--01052--007 **150.00

TITLE T ☒ Change ☐ Addition
NAME Sherman, Jeffrey S
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE AS ☒ Change ☐ Addition
NAME Mack, Kristina A
STREET ADDRESS 13737 Noel Rd ste 100
CITY-ST-ZIP Dallas TX 75240

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Caitlin Larsen Caitlin Larsen 2/24/06 469-893-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Williams MAR 17 2006