

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 901000014288

1. Entity Name  
DELRAY MEDICAL CENTER, INC.



FILED

07 APR -6 PM 2: 51

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01122007

Chg-P

CR2E034 (12/06)

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, 2007 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 ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-STATE-ZIP DALLAS, TX 75240

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

TITLE T ☐ Delete  
NAME SHERMAN, JEFFREY S  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-STATE-ZIP DALLAS, TX 75240

TITLE AS ☐ Delete  
NAME MACK, KRISTINA A  
STREET ADDRESS 13737 NOEL ROAD, SUITE 100  
CITY-STATE-ZIP DALLAS, TX 75240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
200096384692  
04/11/07--01005--025 \*\*150.00

TITLE P ☒ Change ☐ Addition  
NAME KRIEGER, ROBERT M  
STREET ADDRESS 5352 Linton Blvd  
CITY-STATE-ZIP Delray Beach FL 33484

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 119, Florida Statutes; that I am not a minor, an incompetent person, or an individual who has been adjudicated as mentally incompetent or who has been convicted of a felony involving fraud or dishonesty; and that I am not a person who has been convicted of a felony involving a crime of violence or a crime involving the abuse of a vulnerable person, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Caitlin Larsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen, Secretary/Director 1/22/07  
469-893-2701