

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L86633 1. Entity Name COLONY SPRINGS MEDICAL CENTER, INC.					
Principal Place of Business 8333 W MCNAB RD 101 TAMARAC, FL 33321-3203			Mailing Address 8333 W MCNAB RD 101 TAMARAC, FL 33321-3203		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0208025			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEIRA, GABRIEL 7011 NW 111 TERR. PARKLAND, FL 33076			7. Name and Address of New Registered Agent Name NEIRA GABRIEL Street Address (P.O. Box Number is Not Acceptable) 8333 W. McNab Rd. City TAMARAC. FL Zip Code 33321		
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 <i>[Signature]</i> DATE 09/25/03.					
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	☐ Delete	
PD	NEIRA, GABRIEL	7011 NW 111 TERR, PARKLAND ISLES	PARKLAND, FL 33076		
D	ABRIL, ANDINO M.D.	8333 WEST MCNAB RD STE 101	TAMARAC, FL 33321		
T	NEIRA, CLAUDIA	7011 NW 111 TERR, PARKLAND ISLES	PARKLAND, FL 33076		
S	NEIRA, RICARDO	7011 NW 111 TERR, PARKLAND ISLES	PARKLAND, FL 33076		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
PD	NEIRA GABRIEL R.	8333 W McNab Rd	TAMARAC, FL 33321		
D	ABRIL ANDINO MD	8333 W McNab Rd	TAMARAC, FL 33321		
Manager	NEIRA claudia	8333 W McNab Rd	TAMARAC, FL 33321		
S	NEIRA Ricardo	8333 W McNab Rd	TAMARAC, FL 33321		
12. I hereby certify that the information supplied on 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 another life empowered.					
SIGNATURE: <i>[Signature]</i> DATE 09/25/03 (954) 7200052					

FILED
03 SEP 30 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)

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