

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 624793

Entity Name: PALM SPRINGS GENERAL HOSPITAL, INC.**Current Principal Place of Business:**1475 WEST 49TH STREET
HIALEAH, FL 33012**Current Mailing Address:**1475 WEST 49TH STREET
HIALEAH, FL 33012**FEI Number:** 59-2052335**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAVERTNIK, JOHN LESQ.
1125 A I DUPONT BLDG
169 E FLAGLER STREET
MIAMI, FL 33131-1205 US*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**Officer/Director Detail :**

Title	PD
Name	SMITH, OAKLEY G
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL

Title	SD
Name	CODDINGTON, VIRGINIA
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL

Title	D
Name	SCHELLENS, PETER L
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL

Title	D
Name	SMITH, OAKLEY J
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL

Title	D
Name	ROBINSON, WILLIAM R
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL

I hereby 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 all other like empowered.

SIGNATURE: OAKLEY G. SMITH

PD

04/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date