

**2014 FLORIDA PROFIT CORPORATION AMENDED 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	SECRETARY
Name	CODDINGTON, VIRGINIA
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL

Title	PRESIDENT/DIRECTOR
Name	WEISSMAN, STEVEN I
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL 33012

Title	VICE-PRESIDENT, ASSISTANT SECRETARY, TREASURER, CHAIRMAN OF THE BOARD
Name	SMITH, CAMPBELL A
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL 33012

Title	CFO, VICE PRESIDENT OF ADMINISTRATION
Name	EARLY, MARK
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL 33012

Title	EXECUTIVE VICE PRESIDENT, DIRECTOR
Name	SMITH, NICHOLAS T
Address	1475 WEST 49TH STREET
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	SMITH, OAKLEY J
Address	2121 NORTH BAYSHORE DRIVE APT. 510
City-State-Zip:	MIAMI FL 33137

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:** STEVEN I. WEISSMAN**PRESIDENT****02/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date