

**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 PRESIDENT, 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

Title VP

Name WEISSMAN, STEVEN I

Address 1475 WEST 49TH STREET

City-State-Zip: HIALEAH FL 33012

*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**

**VICE PRESIDENT**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date