

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:**MARC P. GANZ, ESQ.
75 VALENCIA AVE., STE 1100
CORAL GABLES, FL 33134 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, TREASURER, CHAIRMAN
 OF THE BOARD
Name SMITH, CAMPBELL A
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 CFO, DIRECTOR
Name MILIAN, TONY
Address 1475 WEST 49TH STREET
City-State-Zip: HIALEAH FL 33012

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

Title EXECUTIVE VICE-PRESIDENT,
 ADMINISTRATOR, SECRETARY
Name GLEIBERMAN, VILMA
Address 1475 WEST 49TH STREET
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name SCHELLENS, PETER
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: CAMPBELL A. SMITH**PRESIDENT****08/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date