

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 624793

**Entity Name:** PALM SPRINGS GENERAL HOSPITAL, INC.**Current Principal Place of Business:**75 VALENCIA AVE  
SUITE 1100  
CORAL GABLES, FL 33134**Current Mailing Address:**75 VALENCIA AVE  
SUITE 1100  
CORAL GABLES, FL 33134 US**FEI Number:** 59-2052335**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARC P. GANZ, ESQ.  
75 VALENCIA AVE., STE1100  
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        DIRECTOR  
Name        SCHELLENS, PETER  
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

*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:** VILMA GLEIBERMAN

ADMINISTRATOR

03/06/2018

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