

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

VICE PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date