## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11755

Entity Name: CORAL GABLES HOSPITAL, INC.

# **Current Principal Place of Business:**

1445 ROSS AVE **SUITE 1400** DALLAS, TX 75202

### **Current Mailing Address:**

1445 ROSS AVE **SUITE 1400** DALLAS, TX 75202 US

## FEI Number: 59-2243206

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

#### **Officer/Director Detail :**

Title	Р	Title	S
Name	JIMENEZ, MARIA CRISTINA	Name	MACK, KRISTINA A
Address	1445 ROSS AVE SUITE 1400	Address	1445 ROSS AVE SUITE 1400
City-State-Zip:	DALLAS TX 75202	City-State-Zip:	DALLAS TX 75202
Title	Т	Title	DIRECTOR
Name	SNYDER, JAMES E III	Name	SNYDER, JAMES E III
Address	1445 ROSS AVE SUITE 1400	Address	1445 ROSS AVE SUITE 1400

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: KRISTINA A. MACK

SECRETARY

05/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED May 15, 2018 Secretary of State CC0838417052

Certificate of Status Desired: No