

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11755

**FILED
Jan 22, 2013
Secretary of State
CC4967444736**

Entity Name: CORAL GABLES HOSPITAL, INC.

Current Principal Place of Business:

1445 ROSS AVE STE 1400
ATTN: DONNA JARRELL
DALLAS, TX 75202

Current Mailing Address:

1445 ROSS AVE STE 1400
ATTN: DONNA JARRELL
DALLAS, TX 75202 US

FEI Number: 59-2243206

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P
Name WELCH, JEFFREY M
Address 1445 ROSS AVE STE 1400
City-State-Zip: DALLAS TX 75202

Title D
Name MACK, KRISTINA A
Address 1445 ROSS AVE STE 1400
City-State-Zip: DALLAS TX 75202

Title S
Name MACK, KRISTINA A
Address 1445 ROSS AVE STE 1400
City-State-Zip: DALLAS TX 75202

Title T
Name MURPHY, TYLER
Address 1445 ROSS AVE STE 1400
City-State-Zip: DALLAS TX 75202

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

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date