

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07768

Entity Name: EMERALD HILLS MEDICAL CENTER,INC.

Current Principal Place of Business:

3990 SHERIDAN ST
STE 101
HOLLYWOOD, FL 33021

Current Mailing Address:

304 INDIAN TRACE
SUITE 636
WESTON, FL 33326

FEI Number: 59-2458277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTERBURGER, DERWIN A
304 INDIAN TRACE
SUITE 636
WESTON, FL 33326 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 PD
Name WESTERBURGER, DERWIN A
Address 304 INDIAN TRACE SUITE 636
City-State-Zip: WESTON FL 33326

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: DERWIN WESTERBURGER

PD

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date