

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86633

Entity Name: COLONY SPRINGS MEDICAL CENTER, INC.

Current Principal Place of Business:

7737 N UNIVERSITY DR
#107
TAMARAC, FL 33321

Current Mailing Address:

7737 N UNIVERSITY DR
#107
TAMARAC, FL 33321

FEI Number: 65-0208025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEIRA, GABRIEL
7737 N UNIVERSITY DR
107
TAMARAC, FL 33321 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 NEIRA, GABRIEL
Address 7737 N UNIVERSITY DR, #107
City-State-Zip: TAMARAC FL 33321

Title VP
Name GOKHAN, ALEXANDRA
Address 7737 N UNIVERSITY DR
#107
City-State-Zip: TAMARAC FL 33321

Title MD
Name ZAMORA, RICARDO
Address 7737 N UNIVERSITY DR #107
City-State-Zip: TAMARAC FL 33321

Title MNG
Name NEIRA, CLAUDIA J
Address 7737 N UNIVERSITY DR, #107
City-State-Zip: TAMARAC FL 33321

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: GABRIEL NEIRA

PD

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date