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.

PRESIDENT

SIGNATURE: GABRIEL R NEIRA

Electronic Signature of Signing Officer/Director Detail

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

Name and Address of Current Registered Agent:

NEIRA, GABRIEL 7737 N UNIVERSITY DR 107 TAMARAC, FL 33321 US

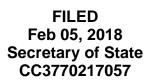
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	VP
Name	NEIRA, GABRIEL	Name	GOKHAN, ALEXANDRA
Address	7737 N UNIVERSITY DR, #107	Address	7737 N UNIVERSITY DR #107
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	MD	Title	MNG
Title Name	MD ZAMORA, RICARDO	Title	
		Name	NEIRA, CLAUDIA J
Name	ZAMORA, RICARDO 7737 N UNIVERSITY DR #107		



Certificate of Status Desired: No

02/05/2018 Date

Date