

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014288

Entity Name: DELRAY MEDICAL CENTER, 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: 75-2922687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 BRYAN, MARK H
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

Title D
Name MACK, KRISTINA A
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