

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000024542

**Entity Name:** PROMED HOSPITAL, INC.

**Current Principal Place of Business:**

400 SAWGRASS CORPORATE PKWY  
200  
SUNRISE, FL 33325

**Current Mailing Address:**

400 SAWGRASS CORPORATE PKWY  
200  
SUNRISE, FL 33325 US

**FEI Number:** 27-2331375

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOLOSIN, JOSE A  
400 SAWGRASS CORPORATE PKWY  
200  
SUNRISE, FL 33325 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:** JOSE A. VOLOSIN

**04/26/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VOLOSIN, JOSE  
Address 400 SAWGRASS CORPORATE PKWY  
200  
City-State-Zip: SUNRISE FL 33325

*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:** JOSE VOLOSIN

**P**

**04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date