

2015 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

02/25/2015

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

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date