


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 324638		
1. Entity Name WESTCHESTER GENERAL HOSPITAL, INC.		
Principal Place of Business 2500 S W 75TH AVE ATTN: JOHN KIRBY MIAMI, FL 33155 US	Mailing Address 2500 S W 75TH AVE ATTN: JOHN KIRBY MIAMI, FL 33155 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIRBY, JOHN 2500 S.W. 75 AVE MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS URLICH, SYLVIA 235 SOLANO PRADO CORAL GABLES, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST KIRBY, JOHN 2500 SW 75 AVE MIAMI, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE: <u>John Kirby</u> JOHN KIRBY TREAS		Date <u>3-06-06</u> 305 264 5250
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1201323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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03/24/06-80005-001 158.75