


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 273650 1. Entity Name PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.	
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FILED

07 APR -6 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01122007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1223933	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AS MACK, KRISTINA A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13737 NOEL ROAD, SUITE 100	NAME	
STREET ADDRESS	DALLAS, TX 75240	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P GREGORY, MARY JO <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3360 BURNS ROAD	NAME	David Pettit
STREET ADDRESS	PALM BEACH GARDENS, FL 33410	STREET ADDRESS	3360 Burns Rd
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach Gdns, FL 33410
TITLE	T SHERMAN, JEFFREY S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13737 NOEL ROAD, SUITE 100	NAME	
STREET ADDRESS	DALLAS, TX 75240	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LARSEN, CAITLIN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13737 NOEL ROAD, SUITE 100	NAME	
STREET ADDRESS	DALLAS, TX 75240	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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04/11/07--01016--003 **150.00

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 222, Florida Statutes; and that I am not a resident of the State of Florida, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin Larsen
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen, Secretary/Director 1/22/07
 469-893-2701