

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373650

FILED
Feb 04, 2009
Secretary of State

Entity Name: PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.

Current Principal Place of Business:

13737 NOEL ROAD
STE 100
DALLAS, TX 75240 US

New Principal Place of Business:

Current Mailing Address:

13737 NOEL ROAD
STE 100
DALLAS, TX 75240 US

New Mailing Address:

FEI Number: 59-1223933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: MACK, KRISTINA A
Address: 13737 NOEL ROAD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: P () Delete
Name: PETTIT, DAVID
Address: 3360 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: SHERMAN, JEFFREY S
Address: 13737 NOEL ROAD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: SD () Delete
Name: LARSEN, CAITLIN M
Address: 13737 NOEL ROAD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MACK, KRISTINA
Address: 13737 NOEL ROAD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SHERMAN, JEFFREY
Address: 13737 NOEL ROAD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

Title: D (X) Change () Addition
Name: MACK, KRISTINA
Address: 13737 NOEL ROAD, SUITE 100
City-St-Zip: DALLAS, TX 75240 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRISTINA MACK

S

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date