

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 440343

1. Entity Name
**NINETEENTH STREET MEDICAL CENTER,
INCORPORATED**



Principal Place of Business
**2323 N.W. 19TH ST., SUITE 102
FT. LAUDERDALE, FL 33311**

Mailing Address
**P.O. BOX 2044
POMPANO BEACH, FL 33061**



04012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1545295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, EDWIN H M.D.
2323 N.W. 19TH ST., SUITE 102
FT. LAUDERDALE, FL 33311**

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐ **\$5.00 May Be
Added to Fees**

000000701971

04/20/07-80079-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLEN, HERMAN
STREET ADDRESS 2323 NW 19TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE T
NAME HAMILTON, EDWIN H
STREET ADDRESS 2323 NW 19TH STREET STE 102
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE S
NAME BASS, LEONARD MD.
STREET ADDRESS 2323 NW 19TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-06-2007
954 484-8333