


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90015 012 \*\*\*550.00

<b>DOCUMENT # 440343</b> 1. Entity Name NINETEENTH STREET MEDICAL CENTER, INCORPORATED	
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**40102039**



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
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2. Principal Place of Business - No P.O. Box # <b>2323 NW 19TH ST Suite 2</b> Suite, Apt. #, etc. <b>2</b>	3. Mailing Address <b>PO Box 2044</b> Suite, Apt. #, etc. <b>—</b>
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01212008 Chg-P CR2E034 (12/06)

City & State <b>Ft. Lauderdale, Fl.</b> Zip <b>33311</b> Country <b>USA</b>	City & State <b>Pompano Beach, Fl.</b> Zip <b>33061</b> Country <b>USA</b>
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4. FEI Number <b>59-1545295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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	7. Name and Address of New Registered Agent Name <b>NONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>NONE</b> City <b>NONE</b> FL Zip Code <b>NONE</b>
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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 **NONE** DATE **NONE**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN, HERMAN 2323 NW 19TH STREET FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMILTON, EDWIN H 2323 NW 19TH STREET STE 102 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BASS, LEONARD MD. 2323 NW 19TH STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Edwin H. Hamilton** **05-13-2008** **954-484-8333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #