2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 440343 1. Entity Name NINETEENTH STREET MEDICAL CENTER, INCORPORATED				4-2008 90015 (012 ***550	.00	
Principal Plac	e of Business	Mailing Address		- 401020	39		
2323 N.W. 1	9TH ST., SUITE 102 IALE, FL 33311	P.O. BOX 2044 POMPANO BEACH, FL 33				A(B)) G(B)) A(A)) G(A)	(1 10) (11)
2 Principal P	lace of Business No 30 Box # 1W19745+ Sunted	3. Mailing Appress 4 PO COX 20	044				
Suite, Apt.	#, etc	Suite, Apt. #, etc.	_	01212008 Ch	g-P CR2	E034 (12/06)	
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Zip 33	311 Suntry A	Zip 23061	Country SA-	5. Certificate of Statu	s Desired	\$8.75 Add	fitional
	67 Name and Address of Current R	egistered Agent	47,	7. Name and Addres	s of New Registere		
HAMILTON, EDWIN H M.D. 2323 N.W. 19TH ST., SUITE 102 FT. LAUDERDALE, FL 33311			Name ·	Non	e		
			Street Addres	ss (P.O. Box Number is No.	Acceptable)		
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	Marie		City	10010		_ ~~.	10k
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or regis	stered agent, or both, in the	State of Florida. La	m lamiliar with,	and accept
OLONIATURE		ACAADO			KO)	ne	
SIGNATURE_	Signature, lypedfor printed name of registered agent an	id title if applicable. (NOTE B	noistered Agent signature requ	nired when remetations	ÜATE		
FIL	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign		55.00 May Be Added to Fees	DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	Financing	55.00 May Be	ĊAĪE		3 IN 11
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12. Thereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WHATER AND THE DO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

05-13-208 954484-833