# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2012**
**Secretary of State**

DOCUMENT# 440343

**Entity Name:** NINETEENTH STREET MEDICAL CENTER, INCORPORATED

**Current Principal Place of Business:**

2323 N.W. 19TH ST., SUITE 2
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2044
POMPANO BEACH, FL 33061

**New Mailing Address:**

**FEI Number: 59-1545295** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMILTON, EDWIN H M.D.
2323 N.W. 19TH ST., SUITE 2
FT. LAUDERDALE, FL 33311 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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: ALLEN, HERMAN
Address: 2323 NW 19TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: T
Name: HAMILTON, EDWIN H
Address: 2323 NW 19TH STREET STE 2
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S
Name: BASS, LEONARD MD.
Address: 2323 NW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: EDWIN H. HAMILTON, M.D. T 04/27/2012

Electronic Signature of Signing Officer or Director Date