

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90094 026 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 624793

1. Entity Name

PALM SPRINGS GENERAL HOSPITAL, INC.

1475 West 49 St
 Hialeah, Fl. 33012

1475 West 49 Street
 Hialeah, Fl 33012

660775

2. Principal Place of Business		3. Mailing Address		4. FE Number		Applied For	
Suite, Apt. # etc.		Suite, Apt. # etc.		59-2052335		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐	
Zip	Country	Zip	Country	7. Name and Address of Current Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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.

SIGNATURE

Signature, typed or printed name of registered agent and type of registration.

NOTE: Registered Agent's signature required when registering.

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$650.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Smith, Oakley G.	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-CP	Hialeah, Fl	CITY-ST-CP	
TITLE	SD	TITLE	
NAME	Coddington, Virginia	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-CP	Hialeah, Fl	CITY-ST-CP	
TITLE	D	TITLE	
NAME	Schellens, Peter L.	NAME	
STREET ADDRESS	1475 West 49 Street	STREET ADDRESS	
CITY-ST-CP	Hialeah, Fl	CITY-ST-CP	
TITLE	D	TITLE	
NAME	Smith, Oakley Jason	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-CP	Hialeah, Fl	CITY-ST-CP	
TITLE	D	TITLE	
NAME	Robinson, William R	NAME	
STREET ADDRESS	1475 West 49th Street	STREET ADDRESS	
CITY-ST-CP	Hialeah, Fl	CITY-ST-CP	
TITLE	AS	TITLE	
NAME	Smith, Campbell Avery	NAME	
STREET ADDRESS	1475 West 49 Street	STREET ADDRESS	
CITY-ST-CP	Hialeah, Fl	CITY-ST-CP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

DATE

SIGNATURE

5/1/02