

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 624793

1. Entity Name
PALM SPRINGS GENERAL HOSPITAL, INC.



Principal Place of Business
**1475 WEST 49TH STREET
HIALEAH, FL 33012**

Mailing Address
**1475 WEST 49TH STREET
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2052335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~ **JOHN ZAVERNIK**
**1125 ALFRED I. DUPONT BLVD., 169 E, FLAGLER
MIAMI, FL 33131**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000928064
05/21/08-80013-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, OAKLEY G 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CODDINGTON, VIRGINIA 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHELLENS, PETER L 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, OAKLEY J 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WILLIAM R 1475 WEST 49TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH-MONTANDON, VANESSA L 1475 WEST 49 STREET HIALEAH, FL 33012

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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 #