

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 624793

FILED  
Jun 15, 2012  
Secretary of State

**Entity Name:** PALM SPRINGS GENERAL HOSPITAL, INC.

**Current Principal Place of Business:**

1475 WEST 49TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1475 WEST 49TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-2052335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAVERTNIK, JOHN L ESQ.  
1125 A I DUPONT BLDG  
169 E FLAGLER STREET  
MIAMI, FL 331311205 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: SMITH, OAKLEY G  
Address: 1475 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL

Title: SD  
Name: CODDINGTON, VIRGINIA  
Address: 1475 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL

Title: D  
Name: SCHELLENS, PETER L  
Address: 1475 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL

Title: D  
Name: SMITH, OAKLEY J  
Address: 1475 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL

Title: D  
Name: ROBINSON, WILLIAM R  
Address: 1475 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL

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: MARK EARLY

CFO

06/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date