

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90043 045 ****70.00

DOCUMENT # 720766	
1. Entity Name NORTH RIDGE GENERAL HOSPITAL INC.	

Principal Place of Business 5601 NORTH DIXIE HIGHWAY SUITE 420 411 FORT LAUDERDALE FL 33334 US	Mailing Address 5601 NORTH DIXIE HIGHWAY SUITE 420x 411 FORT LAUDERDALE FL 33334 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1558258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LINCOLN, TIMOTHY C. ESQ. DOWNTOWN LEGAL CENTER 46 NE 6TH STREET MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS DIAZ, MAYRA <input checked="" type="checkbox"/> Delete 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFD LINCOLN, TIMOTHY <input checked="" type="checkbox"/> Delete 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, MAYRA <input checked="" type="checkbox"/> Delete 5601 NORTH DIXIE HWY, SUITE 420 FORT LAUDERDALE FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Timothy C. Lincoln <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 North Dixie Highway, Suite 411 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Phyllis Johns <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5601 North Dixie Highway, Suite 411 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Timothy C. Lincoln* Timothy C. Lincoln 4/1/08 (954)202-1998