

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90053 045 ****61.25

DOCUMENT # 747197

1. Entity Name
MARINERS HOSPITAL, INC.



Principal Place of Business
**91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US**

Mailing Address
**91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US**

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

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1987355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEDMAN, DAVID R
6855 RED RD.
CORAL GABLES, FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
HERSHOFF, JAY
91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DICKINSON, WILLIAM
91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
REGAN, CHARLEN
91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JOHNSON, DAVID
91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
LAZO, NELSON
91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Lazo, CEO

1/14/07

304-434-1582

Date

Daytime Phone #