


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 008 ****61.25

DOCUMENT # 766884 1. Entity Name PALM BAY COMMUNITY HOSPITAL, INC.	
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Principal Place of Business 6450 US HWY 1 ROCKLEDGE, FL 32955 US	Mailing Address 6450 US HWY 1 ROCKLEDGE, FL 32955 US
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14008793



04212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2485595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATHIAS, DAVID E. 6450 US HWY 1 ROCKLEDGE, FL 32955
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, LARRY F 6450 US HWY 1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHIAS, DAVID E 6450 US HWY 1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLOWAY, ROBERT C 6450 US HWY 1 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **David E. Mathias** **4/22/05** **321-434-4355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #