

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2485595	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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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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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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
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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 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 **David E. Mathias SD 1/6/06 321/434-4355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #