

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # F74242

1. Entity Name

PEMBROKE PINES MEDICAL CENTER & CLINIC, INC.



Principal Place of Business

10028 PINES BLVD.
PEMBROOK PINES FL 33024
US

Mailing Address

7301 PEPPERTREE CIRCLE SOUTH
DAVIE FL 33314
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number
59-2211881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SONI, GURBACHAN P
7301 PEPPERTREE CIRCLE SOUTH
DAVIE FL 33314

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME SONI, GURBACHAN P
STREET ADDRESS 7301 PEPPERTREE CIRCLE SOUTH
CITY- ST- ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
000000238241
02/21/05-80089-021 150.00

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

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CITY- ST- ZIP ☐ Change ☐ Addition

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 607, 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

GURBACHAN PSONI 2-17-05

954-458-5000

Date

Daytime Phone #