

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 019 ***150.00

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 - No P.O. Box #

110 N Federal Hwy

Suite, Apt. #, etc.

Suite 302

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Zip

33009

Country

Broward

Zip

Country

1st MOORE

CR2E034 (10/06)

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
PSD
SONI, GURBACHAN P
7301 PEPPERTREE CIRCLE SOUTH
DAVIE FL 33314 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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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 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: Gurbachan P Soni GURBACHAN P SONI

4-25-07 954-458-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #