

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07768

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: EMERALD HILLS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

4330 SHERIDAN ST  
STE 102  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4330 SHERIDAN ST  
STE 102  
HOLLYWOOD, FL 33021

**New Mailing Address:**

304 INDIAN TRACE  
SUITE 636  
WESTON, FL 33326

FEI Number: 59-2458277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WESTERBURGER, DERWIN A  
672 VERONA PLACE  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

WESTERBURGER, DERWIN A  
304 INDIAN TRACE  
SUITE 636  
WESTON, FL 33326 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/26/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WESTERBURGER, DERWIN A  
Address: 304 INDIAN TRACE SUITE 636  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DERWIN WESTERBURGER

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date