

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58488

FILED
Aug 30, 2004
Secretary of State

Entity Name: SOUTHGATE MEDICAL CENTER, INC.

Current Principal Place of Business:

C/O ZAHID HUSIAN QURESHI
7326 SOUTHGATE BLVD
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

C/O ZAHID HUSIAN QURESHI
2201 NE 52ND STREET STE 206
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

C/O ZAHID HUSIAN QURESHI
7326 SOUTHGATE BLVD
NORTH LAUDERDALE, FL 33068

New Mailing Address:

C/O ZAHID HUSIAN QURESHI
2201 NE 52ND STREET STE 206
LIGHTHOUSE POINT, FL 33064

FEI Number: 59-2538740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QURESHI, ZAHID HUSIAN
7326 SOUTHGATE BLVD
POMPANO BEACH, FL 33068 US

Name and Address of New Registered Agent:

QURESHI, ZAHID HUSIAN
2201 NE 52ND STREET
STE 206
LIGHTHOUSE POINT, FL 33064 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: ZAHID H. QURESHI

08/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OURESHI, ZAHID HUSIA, N
Address: 7326 SOUTHGATE BLVD
City-St-Zip: N LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OURESHI, ZAHID HUSIA, N
Address: 2201 NE 52ND STREET STE 206
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ZAHID H QURESHI

DP

08/30/2004

Electronic Signature of Signing Officer or Director

Date