

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



FILED
06 JAN 23 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H58488
1. Entity Name
SOUTHGATE MEDICAL CENTER, INC.

Principal Place of Business C/O ZAHID HUSIAN OURESHI 2201 NE 52ND STREET STE 206 LIGHTHOUSE POINT FL 33064	Mailing Address C/O ZAHID HUSIAN OURESHI 2201 NE 52ND STREET STE 206 LIGHTHOUSE POINT FL 33064
---	---

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 59-2538740	Applied For <input type="checkbox"/> Not Applicab
------------------------------------	--

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OURESHI, ZAHID HUSIAN
2201 NE 52ND STREET
STE 206
LIGHTHOUSE POINT FL 33064

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]* DATE: **1/17/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	OURESHI, ZAHID HUSIAN	
STREET ADDRESS	2201 NE 52ND STREET STE 206	
CITY-STATE-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	700062018117	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	02/10/06--01050--013 **750.00	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

REINSTATEMENT 05-04

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]* Rec 3/05/05 1954 420-51102