

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58488

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** SOUTHGATE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
2201 NE 52ND STREET  
STE 206  
LIGHTHOUSE POINT, FL 33064 US

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

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

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: OURESHI, ZAHID HUSIAN  
Address: 2201 NE 52ND STREET STE 206  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: ZAHID QURESHI

MD

03/10/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date