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Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 009 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H60502

1. Entity Name
HALLMARK MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
2500 EAST HALLANDALE BEACH BLVD. #P-Q HALLANDALE, FL 33009 US	2500 EAST HALLANDALE BEACH BLVD #P-Q HALLANDALE, FL 33009 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1696104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNSTEIN, STANLEY H. 1134 HARRISON STREET SUITE 600 HOLLYWOOD, FL 33019	Name: Leon Roth, MD Street Address (P.O. Box Number is Not Acceptable): 2500 E. Hallandale Beach BLVD #PQ City: Hallandale FL Zip Code: 33009

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 X [signature] Leon Roth, M.D. (x) ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ~~BERNSTEIN, STANLEY, MD~~ ~~1134 HARRISON STREET~~ ~~HOLLYWOOD, FL~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROTH, LEON, MD 436 ALAMANDA DRIVE GOLDEN ISLES, HA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Roth, Leon, MD 2500 E Hallandale Beach BLVD Hallandale, FL 33009	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: (x) [signature] Leon Roth MD (x) 1/23/07 (954) 455-2385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #