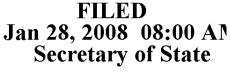
## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # H60502 1. Entity Name HALLMARK MEDICAL CENTER, INC. Principal Place of Business Mailing Address 2500 EAST HALLANDALE BEACH BLVD. 2500 EAST HALLANDALE BEACH BLVD #P-Q HALLANDALE, FL 33009 US HALLANDALE, FL 33009





				-     <b>   </b>			
DO NOT WRITE IN THIS SPAC				01172008  4. FEI Numbe 59-169  5. Certificate		CR2E034	(11/05)  Applied For Not Applicable  3.75 Additional a Required
	6. Name and Address of Current Regis		1				
#PQ	ON MD ALLANDALE BEACH BLVD ALE, FL 33008	DO NOT WRITE IN THIS SPACE					
B. 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 typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees			
10.	OFFICERS AND DIREC				'		
NAME STREET ADDRESS CITY+ST-ZIP	PS ROTH, LEON, MD 2500 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			t et per en en en en en	<b>4</b> > ,	U0000 01/31/08	10800487 1-80019-1	012 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT W	RITE	;
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS				•			

12. I hereby certify that the information supplied with this filling 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 pustee 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, will all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP