


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J13602</b> 1. Entity Name <b>NORTHSIDE COMMUNITY MEDICAL CENTER, INC.</b>	
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Principal Place of Business <b>7900 NW 27 AVENUE SUITE 298 MIAMI, FL 33142</b>	Mailing Address <b>7900 NW 27 AVENUE SUITE 298 MIAMI, FL 33142</b>
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2686099</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WITT, WILLIAM M.D.  
1800 N. FEDERAL HWY  
SUITE 104  
POMPAÑO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WITT, WILLIAM 1800 N FEDERAL HWY #104 POMPAÑO BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GURR, MARY ELLEN 12765 S.W. 34 PLACE DAVIE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHULTE, ROBERTA 15935 PRESTWICK MIAMI LAKES, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRIBAR, A MANUEL 1800 N FEDERAL HWY #104 POMPAÑO BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPAET, HAL 555 NE 15 STREET #18J COCONUT, GROVE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000015489  
11/28/04-80017-009 450.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mary Ellen Gurr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 9547820010  
Date Daytime Phone #