


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J13602 1. Entity Name NORTHSIDE COMMUNITY MEDICAL CENTER, INC.		
Principal Place of Business 7900 NW 27 AVENUE SUITE 298 MIAMI, FL 33142	Mailing Address 7900 NW 27 AVENUE SUITE 298 MIAMI, FL 33142	



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2686099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITT, WILLIAM M.D.
1800 N. FEDERAL HWY
SUITE 104
POMPANO 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GURR, MARY ELLEN 12765 S.W. 34 PLACE DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHULTE, ROBERTA 15935 PRESTWICK MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRIBAR, A MANUEL 1800 N FEDERAL HWY #104 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPAET, HAL 555 NE 15 STREET #18J COCONUT, GROVE, FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000213738
02/03/05-80082-020 450.00

**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)(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: Mary Ellen Gurr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/05 9547820010