

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State
CR# 75
150.00

DOCUMENT # K62936	
1. Entity Name ENGLEWOOD MEDICAL CENTER, INC.	

Principal Place of Business 655 NORTH INDIANA AVE ENGLEWOOD FL 34223	Mailing Address 655 NORTH INDIANA AVE ENGLEWOOD FL 34223
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0093817	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IZZO, JOHN P. 773 S. INDIANA AVE STE A ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 restate)
Signature, typed or printed name of registered agent and the if applicable DATE

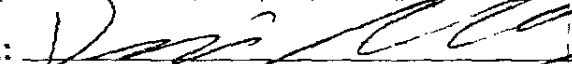
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	☐ Delete D EAGAR, CHARLES 655 N.INDIANA AVE. ENGLEWOOD FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D EAGAR, DIANA 655 N.INDIANA AVE ENGLEWOOD FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U0000046328C 03/21/06-80096-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06 941-4756
Date
Daytime Phone #