

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L10214**

1. Entity Name  
**POMPAÑO BEACH COMMUNITY MEDICAL CENTER  
CORPORATION, INC.**



Principal Place of Business  
**1800 NORTH FEDERAL HIGHWAY  
SUITE 104  
POMPAÑO BEACH, FL 33062**

Mailing Address  
**1800 NORTH FEDERAL HIGHWAY  
SUITE 104  
POMPAÑO BEACH, FL 33062**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0154907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**WITT, WILLIAM M  
1800 N FEDERAL HWY.  
STE. 104  
POMPAÑO BCH., 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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WITT, WILLIAM M  
STREET ADDRESS 1800 N. FEDERAL HIGHWAY, 104  
CITY-ST-ZIP POMPAÑO BEACH, FL

TITLE VD  
NAME SCHULTE, ROBERTA  
STREET ADDRESS 15935 PRESTWICK  
CITY-ST-ZIP MIAMI LAKES, FL

TITLE STD  
NAME GURR, MARY ELLEN  
STREET ADDRESS 12765 S.W. 34 PLACE  
CITY-ST-ZIP DAVIE, FL

TITLE D  
NAME SPAET, HAL  
STREET ADDRESS 655 NE 15 ST APT 34H  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME IRIBAR, MANUEL  
STREET ADDRESS 1800 N FEDERAL HWY #104  
CITY-ST-ZIP POMPAÑO BCH, FL

TITLE D  
NAME CORTINA, HUMBERTO  
STREET ADDRESS 4064 BONITA AVENUE  
CITY-ST-ZIP COCONUT GROVE, FL

00000418068  
02/13/06-80082-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Mary Ellen Gurr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #