


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90031 014 ***150.00

DOCUMENT # L10214	
1. Entity Name POMPANO BEACH COMMUNITY MEDICAL CENTER CORPORATION, INC.	

Principal Place of Business 1800 NORTH FEDERAL HIGHWAY SUITE 104 POMPANO BEACH, FL 33062	Mailing Address 1800 NORTH FEDERAL HIGHWAY SUITE 104 POMPANO BEACH, FL 33062
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30001013



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0154907	Applied For Not Applicable
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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
POMPANO 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 M 1800 N. FEDERALHIGHWAY, 104 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULTE, ROBERTA 15935 PRESTWICK MIAMI LAKES, 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	D SPAET, HAL 555 NE 15 ST APT 34H MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRIBAR, MANUEL 1800 N FEDERAL HWY #104 POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTINA, HUMBERTO 4064 BONITA AVENUE COCONUT GROVE, FL

**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

1/17/07

4547820010

Date

Daytime Phone #