

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10214

FILED  
Jan 22, 2008  
Secretary of State

**Entity Name:** POMPANO BEACH COMMUNITY MEDICAL CENTER CORPORATION, INC.

**Current Principal Place of Business:**

1800 NORTH FEDERAL HIGHWAY  
SUITE 104  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NORTH FEDERAL HIGHWAY  
SUITE 104  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 65-0154907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITT, WILLIAM M  
1800 N FEDERAL HWY.  
STE. 104  
POMPANO BCH., FL 33062 US

**Name and Address of New Registered Agent:**

GURR, MARY ELLEN  
1800 N FEDERAL HWY.  
STE. 104  
POMPANO BCH., FL 33062 US

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.

SIGNATURE: MARY ELLEN GURR

01/22/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WITT, WILLIAM M  
Address: 1800 N. FEDERALHIGHWAY, 104  
City-St-Zip: POMPANO BEACH, FL

Title: VD ( ) Delete  
Name: SCHULTE, ROBERTA,  
Address: 15935 PRESTWICK  
City-St-Zip: MIAMI LAKES, FL

Title: STD ( ) Delete  
Name: GURR, MARY ELLEN,  
Address: 12765 S.W. 34 PLACE  
City-St-Zip: DAVIE, FL

Title: D ( ) Delete  
Name: SPAET, HAL  
Address: 555 NE 15 ST APT 34H  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: IRIBAR, MANUEL,  
Address: 1800 N FEDERAL HWY #104  
City-St-Zip: POMPANO BCH, FL

Title: D ( ) Delete  
Name: CORTINA, HUMBERTO,  
Address: 4064 BONITA AVENUE  
City-St-Zip: COCONUT GROVE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: GURR, MARY ELLEN,  
Address: 7124 NW 47TH LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN GURR

STD

01/22/2008

Electronic Signature of Signing Officer or Director

Date