2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L10214 DOCUMENT

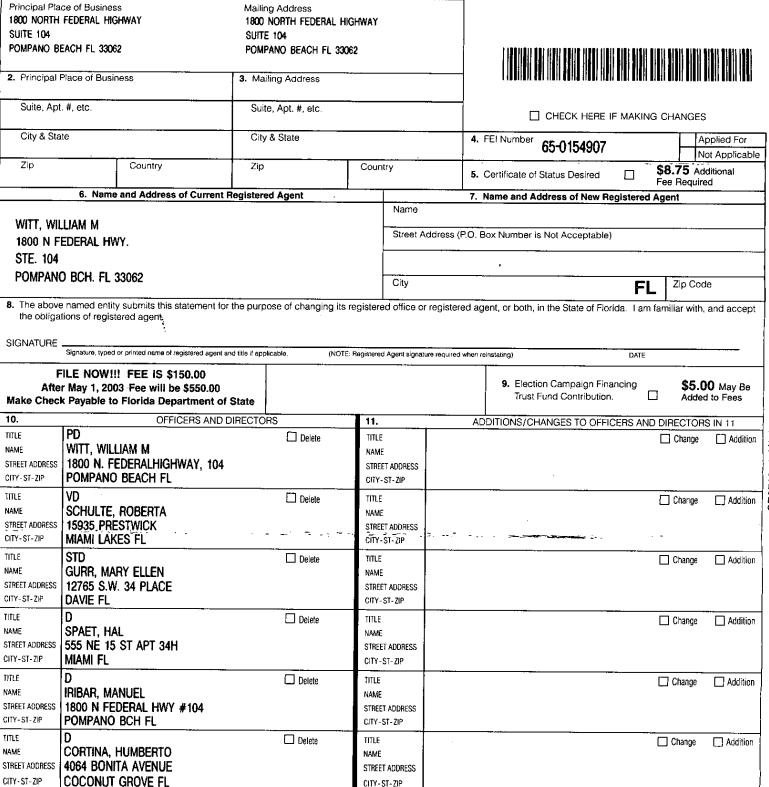
1. Entity Name

POMPANO BEACH COMMUNITY MEDICAL CENTER CORPOR

ON, INC.	The state of the s
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
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Mar 03, 2003 8:00 am & Secretary of State FILED

03-03-2003 90456 013 ***150.00



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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

9547820010

Date