

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **L59458**

(4)

JAN 13

DELRAY HARBOR MEDICAL CENTER, INC.

03/22/1990 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1705 S FEDERAL HWY
DELRAY BCH FL 33483
US

1705 S FEDERAL HWY
POMPANO BEACH FL 33069-3600

2. Filing Date	2a. Mailing Address	3. Date of Incorporation	3a. Date of Last Report
21. 03/22/1990	26. Attn: Tax Department	03/22/1990	05/01/1994
22. City & State	27. P. O. Box 15309	4. Corporation Number	Applied For / Not Applicable
23. 03/22/1990	28. Durham, NC	65-0183475	
24. 27704	29. USA	5. Certificate of Status (Domestic)	\$8.75 Additional Fee Required
		6. Election Campaign Contribution / Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has not been incorporated in any other state	
		Florida Statute	XX

9. Name and Address of Current Registered Agent

HEARMANSON, JERRY
6341 NE 20TH WAY
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address of New Registered Agent	
83. City	
84. State	FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct, and that the same is in accordance with the provisions of the Florida Statutes, and that the same is in accordance with the provisions of the Florida Statutes, and that the same is in accordance with the provisions of the Florida Statutes.

12. OFFICER OR DIRECTOR	13. ATTENTION CHANGE TO OFFICER OR DIRECTOR
D HERMANSON, JERRY 100 E. SAMPLE RD. POMPANO BEACH FL VP GITTMAN, ALLEN 21022 MADRIA CIR BOCA RATON FL ST PONT, EDWIN S 4800 NW 23 TERRACE BOCA RATON FL D HAYES, JOHN 998 NW 15 AV BOCA RATON FL	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct, and that the same is in accordance with the provisions of the Florida Statutes, and that the same is in accordance with the provisions of the Florida Statutes, and that the same is in accordance with the provisions of the Florida Statutes.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR

Jerry H. Hermanson

4/28/95

919-383-0355