

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 05, 2004
Secretary of State**

DOCUMENT# N00000005096

Entity Name: NORTH MIAMI BEACH MEDICAL CENTER, INC.

Current Principal Place of Business:

16552 S.W. 39TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

1950 SOUTH OCEAN DRIVE
M-H
HALLANDALE BEACH, FL 33009

Current Mailing Address:

PO BOX 680158
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-1032266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMSARAN, EILEEN
16552 S.W. 39TH STREET
MIRAMAR, FL 33027

Name and Address of New Registered Agent:

RAMSARAN, EILEEN
1950 SOUTH OCEAN DRIVE
M-H
HALLANDALE BEACH, FL 33009

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: _____ 07/05/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMSARAN, EILEEN M.D.
Address: 16552 S.W. 39TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: STD () Delete
Name: PRIOR, JOHN A D.P.M.
Address: 6831 NW 11TH PLACE, STE #3
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: GREUNER, MONICA M.D.
Address: 1101 TORI LANE
City-St-Zip: EDINBURG, TX 78539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMSARAN, EILEEN M.D.
Address: 1950 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

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

Title: VD (X) Change () Addition
Name: GREUNER, MONICA M.D.
Address: 18559 VAN NUYS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN M RAMSARAN MD PD 07/05/2004
Electronic Signature of Signing Officer or Director Date