


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90006 043 ****70.00

DOCUMENT # N04000002015 1. Entity Name GLADES HOSPITAL HOLDINGS, INC.					
Principal Place of Business 324 DATURA ST STE 401 W PALM BEACH, FL 33401			Mailing Address 324 DATURA ST STE 401 W PALM BEACH, FL 33401		
2. Principal Place of Business 1201 South Main Street Suite, Apt. #, etc.		3. Mailing Address 1201 South Main Street Suite, Apt. #, etc.			
City & State Belle Glade, FL Zip 33430 Country USA		City & State Belle Glade, FL Zip 33430 Country USA		4. FEI Number 35-2226306 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05252005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SAX KLEIN, SACHS 301 YAMATO RD STE 4150 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		Chair Bryan Cross - C 111 Ponce de Leon Clewiston, FL 33440	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		Vice Chair Dr. Donald Flichs 309 SE 2nd Street Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		Secretary Dr. Effie Greer - S 6615 W 4th Street Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		Board Member Richard Bowman - D 14339 Smith Sundry Road Delray Beach, FL 33446	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		Board Member Dr. James Howell - D 6411 Grand Cypress Circle Lake Worth, FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		Board member John Lacy - P 101 N. Clematis Avenue, Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>C. H. Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-26-05 (56) 996-6571 x 400 <small>Date Daytime Phone #</small>		

ATTACHMENT

40086358
404000002015

2005 Not – for – Profit Annual Report

Title	Board Member
Name	Neil Fogel - D
Street Address	4810 Exeter Estate Lane
City St Zip	Lake Worth, FL 33467

Title	Chief Executive Officer
Name	Dan Aranda
Street Address	1201 South Main Street
City St Zip	Belle Glade, FL 33430

Title	Chief Financial Officer
Name	Carlene Williams
Street Address	1201 South Main Street
City St Zip	Belle Glade, FL 33430

Title	Chief Nursing Officer
Name	Mary Weeks
Street Address	1201 South Main Street
City St Zip	Belle Glade, FL 33430