


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90002 006 ****70.00

DOCUMENT # N04000002015	
1. Entity Name GLADES HOSPITAL HOLDINGS, INC.	

Principal Place of Business 1201 SOUTH MAIN STREET BELLE GLADE, FL 33430	Mailing Address 1201 SOUTH MAIN STREET BELLE GLADE, FL 33430
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50023245

07172006 Chg-NP CR2E037 (4/06)

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	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAX KLEIN, SACHS 301 YAMATO RD STE 4150 BOCA RATON, FL 33431		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)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CROSS, BRYAN 111 PONCE DE LEON CLEWISTON, FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Fogel, Neil 4810 Exeter Estate Lane Lake Worth, FL, 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FLICHS, DR. DONALD 309 SE 2ND STREET BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLICHS, Dr. Donald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREER, DR. EFFIE 6615 W. 4TH STREET BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greer, Dr. Effie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BOWMAN, RICHARD 14339 SMITH SUNDY ROAD DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DiSalvo, Patrick 303 Banyan Blvd. Suite 101 West Palm Beach, FL, 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HOWELL, DR. JAMES 6411 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Noel, Don 2641 Pepperwood Circle North Palm Beach, FL, 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LACY, JOHN 101 N. CLEMATIS AVENUE, SUITE 200 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mr. David Ch... Interim CFO 7-17-06 (561)996-6571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50023245
#N04000002015

GGH

2006 Not - For - Profit Annual Report

Title	Interim Chief Executive Officer	<input checked="" type="checkbox"/>	Add
Name	Dr. Ronald Wiewora		
Street Address	1201 South main Street		
City and Zip	Belle Glade, FL 33430		

Title	Interim Chief Financial Officer	<input checked="" type="checkbox"/>	Add
Name	David Chapman		
Street Address	1201 South main Street		
City and Zip	Belle Glade, FL 33430		

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

Title	Chief Executive Officer	<input checked="" type="checkbox"/>	Delete
Name	Dan Aranda		
Street Address	1201 South main Street		
City and Zip	Belle Glade, FL 33430		

Title	Chief Financial Officer	<input checked="" type="checkbox"/>	Delete
Name	Carlene Williams		
Street Address	1201 South main Street		
City and Zip	Belle Glade, FL 33430		