
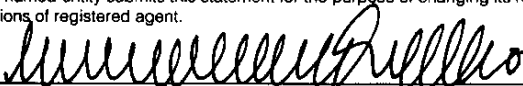
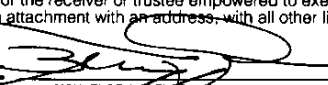


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90035 034 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-2226306	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NICHOLAS W. ROMANELLO, ESQ. C/O HEALTH CARE DISTRICT OF PALM CO. 324 DATURA STREET, STE. 401 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> JANUARY 17, 2008 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
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	Chair Bryan Cross 232 Royal Palm Way Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FLIEHS, DR. DONALD 309 SE 2ND STREET BELLE GLADE, FL 33430 <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	S GREAR, DR. EFFIE 6615 W. 4TH STREET BELLE GLADE, FL 33430 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Greear, Dr. Effie 6615 W. 4th Street Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM FOGEL, L NEIL 14339 SMITH SUNDY ROAD DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Fogel, Neil L. 4910 Exeter Estate Lane Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 01/17/08 <small>Date</small> 561-26-7104 <small>Daytime Phone #</small> </div>		

40010791



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
35-2226306

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

NICHOLAS W. ROMANELLO, ESQ.
C/O HEALTH CARE DISTRICT OF PALM CO.
324 DATURA STREET, STE. 401
WEST PALM BEACH, FL 33401

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  JANUARY 17, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	CROSS, BRYAN	
STREET ADDRESS	111 PONCE DE LEON	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FLIEHS, DR. DONALD	
STREET ADDRESS	309 SE 2ND STREET	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREAR, DR. EFFIE	
STREET ADDRESS	6615 W. 4TH STREET	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	BM	<input type="checkbox"/> Delete
NAME	FOGEL, L NEIL	
STREET ADDRESS	14339 SMITH SUNDY ROAD	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	BM	<input type="checkbox"/> Delete
NAME	HOWELL, DR. JAMES	
STREET ADDRESS	6411 GRAND CYPRESS CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LACY, JOHN	
STREET ADDRESS	101 N. CLEMATIS AVENUE, SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan Cross	
STREET ADDRESS	232 Royal Palm Way	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greear, Dr. Effie	
STREET ADDRESS	6615 W. 4th Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fogel, Neil L.	
STREET ADDRESS	4910 Exeter Estate Lane	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/08 **561-26-7104**
Date Daytime Phone #