2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90037 013 ****61.25

1. Entity Nam	MENT # N04976 MEDICAL CENTER PAVIL		03-21-200′	7 90037 0:	13 ****6	1.25			
			oddress OLD DIXIE HYW. ,FL 33458			600263	14		
6 0	1								
Principal Place of Business - No P.O. Box # 3. Maili			ling Address			BB }	1381 WARDIN WIWIN WILL	0	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.		03022007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State		4. FEI Numb 59-245				oplied For	
Zip	Country	Žíp		Country		of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Ag	jent		7. Name and	Address of New		Fee Require	30
CTDAIAM	JOEL T		-	Name				- H.	
STRAWN, 54 N.E. FC	DURTH AVENUE			Street A	ddress (P.O. Box Numb	er is Not Acceptat	ole)		
DELRAY 6	BEACH, FL 33483			-					
				City				Zip Cod	ie
9. The should	named entity submits this statement for	r the evenera	of changing its racis	stored office o	receiptored agent as be	alle in the Ctote of I	FL	familiar with	
SIGNATURE									
SIGNATORE	Signature, typed or printed name of registered agent	····	· · · · · · · · · · · · · · · · · · ·		ture required when reinstating)		DATE		
SIGNATORE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	····	3. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May I Added to Fees		DATE Make check orida Depart		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	RECTORS	Election Campaig Trust Fund Contri	gn Financing ibution.	\$5.00 May In Added to Fees ADDITIONS/CH		Make check orida Depart	tment of S	v 10
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of the corporation or the resonance in the same goods not quality for the exemplicins contained in chapter 119, Horida 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 it made under oalt; that I am an officer or director of the corporation or the reserve 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 attayringent with an address, with all other like empowered.

/	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	G OFFICER OR DIRECTOR		Date	Daytime Phone #
SIGNATURE:	You Dal / Jone	Paul Dell Uomo	o, Chairman	3/9/07	561-747-2020