

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010638

FILED  
Mar 18, 2008  
Secretary of State

**Entity Name:** FRIENDS OF PRINCESS MARGARETT HOSPITAL INC.

**Current Principal Place of Business:**

1118 NW 41ST TERR.  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

1118 NW 41ST TERR.  
LAUDERHILL, FL 33313

**New Mailing Address:**

**FEI Number:** 20-3833355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, CLARENCE F  
1118 NW 41ST TERR.  
LAUDERHILL, FL 33313 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: SMITH, CLARENCE F  
Address: 1118 NW 41ST TERR.  
City-St-Zip: LAUDERHILL, FL 33313

Title: SD ( ) Delete  
Name: SMITH, ENA I  
Address: 1118 NW 41ST TERR.  
City-St-Zip: LAUDERHILL, FL 33313

Title: VD ( ) Delete  
Name: JAMES, JANET  
Address: 6913 SW 38TH ST.  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: CARNELL, MARRIOTT  
Address: 7460 NW 42ND COURT  
City-St-Zip: INVERARY, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLARENCE SMITH

PDT

03/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date