

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004399

FILED
May 17, 2008
Secretary of State

Entity Name: ADELAIDE MEDICAL CENTER, INC.

Current Principal Place of Business:

18211 NW 5TH AVENUE
MIAMI GARDENS, FL 331694322 US

New Principal Place of Business:

Current Mailing Address:

18211 NW 5TH AVENUE
MIAMI GARDENS, FL 331694322 US

New Mailing Address:

FEI Number: 20-8950798 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JEAN, JOSEPH G
18211 NW 5TH AVENUE
MIAMI GARDENS, FL 331694322 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: PTD () Delete
Name: JEAN, JOSEPH G
Address: 18211 NW 5TH AVE.
City-St-Zip: MIAMI GARDENS, FL 331694322

Title: VPD () Delete
Name: PATLAK, DAVID Y
Address: 221 COLLINS AVE. #1
City-St-Zip: MIAMI BEACH, FL 331397120

Title: SD () Delete
Name: PATLAK, HELENA M
Address: 5272 SW 94TH AVE.
City-St-Zip: COOPER CITY, FL 333284118

Title: D () Delete
Name: LASCEZE, GERARDA MD
Address: 1425 NE 134TH ST.
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: RICHARDSON, TESSA
Address: 1351 NE MIAMI GARDENS DR. APT. 1125E
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: CELESTIN, REMY
Address: 414 NW 84TH ST.
City-St-Zip: MIAMI, FL 33150

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:

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: DAVID Y. PATLAK

VPD

05/17/2008

Electronic Signature of Signing Officer or Director

Date