

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

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03-19-2001 90043 007 ****61.25

DOCUMENT # N47901

1. Entity Name

PALM SPRINGS MEDICAL CENTER, INC.

Principal Place of Business

685 PALM SPRINGS DRIVE
 STE. #1A
 ALTAMONTE SPRINGS FL 32701

Mailing Address

685 PALM SPRINGS DRIVE
 STE. #1A
 ALTAMONTE SPRINGS FL 32701

933044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2103456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIGLEY, MARK E.
685 PALM SPRINGS DRIVE
STE. #1A
ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEIGLEY, MARK E.	
STREET ADDRESS	685 PALM SPRINGS DR., #1A	
CITY-ST-ZIP	ALTAMONTE SPGS. FL 32701	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RUIZ, CARLOS J.	
STREET ADDRESS	685 PALM SPRINGS DR., #1A	
CITY-ST-ZIP	ALTAMONTE SPGS. FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOREN, JEFFERY	
STREET ADDRESS	685 PALM SPRINGS DR., #1E	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark Weigley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Weigley, MD 3-14-01 (407)339-5959

Date

Daytime Phone #

CR2E037 (10/00)