

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90027 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

54061744



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07072004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 8, 2004

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	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 checked="" 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMMINENI, VASUDEVA	
STREET ADDRESS	685 Palm Springs Dr., #1B	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
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 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 E. Weigley* **Mark E. Weigley** **7/7/04** **407 339-5959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #