


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N47901 1. Entity Name PALM SPRINGS MEDICAL CENTER, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2103456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEIGLEY, MARK E. 685 PALM SPRINGS DR., #1A ALTAMONTE SPGS., FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RUIZ, CARLOS J. 685 PALM SPRINGS DR., #1A ALTAMONTE SPGS., FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOMMINENI, VASUDEVA 685 PALM SPRINGS DR., #1B ALTAMONTE SPRINGS, FL 32701
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04/22/05-80100-017 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	04/19/2005	407 339-5959
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>