

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2008
Secretary of State**

DOCUMENT# N47901

Entity Name: PALM SPRINGS MEDICAL CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-2103456 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:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEIGLEY, MARK E.,
Address: 685 PALM SPRINGS DR., #1A
City-St-Zip: ALTAMONTE SPGS., FL 32701 US

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

Title: DST () Delete
Name: RUIZ, CARLOS J.,
Address: 685 PALM SPRINGS DR., #2A
City-St-Zip: ALTAMONTE SPGS., FL 32701 US

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

Title: D () Delete
Name: BOMMINENI, VASUDEVA
Address: 685 PALM SPRINGS DR., #1B
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: MARK E. WEIGLEY

PD

07/03/2008

Electronic Signature of Signing Officer or Director

Date