

NH7901

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11/18/10  
E. DENNARD  
*ei*

**PALM SPRINGS MEDICAL CENTER, INC  
685 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL32701  
(407) 339-5959**

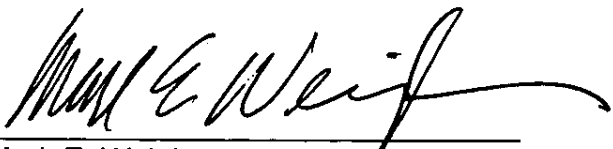
**November 16, 2010**

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document # N47901

By acknowledgment of this letter please be aware that the EIN number has been incorrectly listed. A correction needs to be made to our record. The correct EIN # is 58-2103465 Attached is a copy of our latest tax return which shows the correct EIN # reported to the IRS.

Registered Agent  
Mark E. Weigley  
685 Palm Springs Dr. Suite 1A  
Altamonte Springs FI 32701



Mark E. Weigley

<b>A Check if:</b>	<input type="checkbox"/> 1 a Consolidated return (attach Form 851)	<b>Use IRS label. Otherwise, print or type.</b>	<b>PALM SPRINGS MEDICAL CENTER INC</b> C/O DR. MARK WEIGLEY 685 PALM SPRGS DR., STE 1A ALTAMONTE SPRINGS, FL 32701	<b>B Employer identification number</b>	58-2103465
<input type="checkbox"/> b Life/nonlife consolidated return	<b>C Date incorporated</b>			3/01/1992	
<input type="checkbox"/> 2 Personal holding co (attach Sch PH)	<b>D Total assets (see instructions)</b>			\$ 6,004.	
<input type="checkbox"/> 3 Personal service corp (see instr)	<b>E Check if:</b>			(1) Initial return (2) Final return (3) Name change (4) Address change	
<input type="checkbox"/> 4 Schedule M-3 attached					

<b>I N C O M E</b>	1 a Gross receipts or sales	b Less returns & allowances	c Balance		1 c	
	2 Cost of goods sold (Schedule A, line 8)				2	
	3 Gross profit. Subtract line 2 from line 1c				3	
	4 Dividends (Schedule C, line 19)				4	
	5 Interest				5	
	6 Gross rents				6	
	7 Gross royalties				7	
	8 Capital gain net income (attach Schedule D (Form 1120))				8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)				9	
	10 Other income (see instructions — attach schedule)			See Statement 1	10	33,914.
	11 <b>Total income.</b> Add lines 3 through 10				11	33,914.
<b>D E D U C T I O N S</b>	FOR LIMITATIONS SEE INSTRUCTIONS					
	12 Compensation of officers (Schedule E, line 4)				12	
	13 Salaries and wages (less employment credits)				13	
	14 Repairs and maintenance				14	
	15 Bad debts				15	
	16 Rents				16	
	17 Taxes and licenses				17	
	18 Interest				18	
	19 Charitable contributions				19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)				20	
	21 Depletion				21	
22 Advertising				22		
23 Pension, profit-sharing, etc, plans				23		
24 Employee benefit programs				24		
25 Domestic production activities deduction (attach Form 8903)				25		
26 Other deductions (attach schedule)			See Statement 2	26	34,829.	
27 <b>Total deductions.</b> Add lines 12 through 26				27	34,829.	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				28	-915.	
29 Less: a Net operating loss deduction (see instructions)			See St. 3	29 a	0.	
b Special deductions (Schedule C, line 20)				29 b		
29 c				29 c		
<b>T A X R E F U N D A B L E C R E D I T S</b>	AND PAYMENTS					
	30 <b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)				30	-915.
	31 <b>Total tax</b> (Schedule J, line 10)				31	0.
	32 a 2007 overpayment credited to 2008	32 a				
	b 2008 estimated tax payments	32 b				
	c 2008 refund applied for on Form 4466	32 c				
	d Bal	32 d		0.		
	e Tax deposited with Form 7004	32 e				
	f Credits: (1) Form 2439 (2) Form 4136	32 f				
	g Refundable credits from Form 3800, line 19c, and Form 8827, line 8c	32 g			32 h	0.
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached				33		
34 <b>Amount owed.</b> If line 32g is smaller than the total of lines 31 and 33, enter amount owed				34	0.	
35 <b>Overpayment.</b> If line 32g is larger than the total of lines 31 and 33, enter amount overpaid				35		
36 Enter amount from line 35 you want. Credited to 2009 estimated tax			Refunded	36		

**Sign Here** ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Mary C Dantuma Date: FEB 09 2009 Title: CPA

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May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer's Use Only</b>	Preparer's signature	Mary C Dantuma, CPA	Preparer's SSN or PTIN	P00144054
	Firm's name (or yours if self-employed), address, and ZIP code	Glickstein Laval Carris, P.A., CPAs P.O. Box 940849 Maitland, FL 32794-0849	EIN	59-3094260
			Phone no	(407) 645-4775

2008

Federal Statements

Page 1

Client PA7982

PALM SPRINGS MEDICAL  
CENTER INC

58-2103465

2/07/09

03:15PM

Statement 1  
Form 1120, Line 10  
Other Income

Member Assessments.....	\$ 33,914.
Total	\$ <u>33,914.</u>

Statement 2  
Form 1120, Line 26  
Other Deductions

Bank Charges.....	\$ 26.
Building Maintenance.....	8,328.
Insurance.....	11,224.
Lawn Care.....	3,467.
Legal and Professional.....	450.
Management fees.....	2,400.
Pest Control.....	1,569.
Utilities.....	7,365.
Total	\$ <u>34,829.</u>

Statement 3  
Form 1120, Line 29a  
Net Operating Loss Deduction

Carryover Generated From Year End 12/31/07	\$ 915.
Available for Carryover to 2008.....	915.
Net Operating Losses Available in 2008.....	\$ <u>915.</u>
Taxable Income.....	-915.
Total Net Operating Loss Deduction (Limited to Taxable Income).....	<u>0.</u>

Statement 4  
Form 1120, Schedule M-1, Line 7  
Book Income Not on Return

Member rev c/f (rev rul 70-604).....	\$ 1,820.
Total	\$ <u>1,820.</u>

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