

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2011  
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:** 58-2103465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK E WEIGLEY

PD

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date