


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90525 049 \*\*\*\*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**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WEIGLEY, MARK E. 685 PALM SPRINGS DR., #1A ALTAMONTE SPGS. FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST RUIZ, CARLOS J. 685 PALM SPRINGS DR., #1A ALTAMONTE SPGS. FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOREN, JEFFERY 685 PALM SPRINGS DR., #1E ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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, M.D.** 1-23-03 (407) 339-5959

CR2E037 (10/02)