
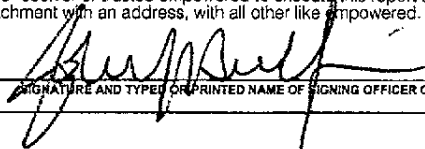


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004458 1. Entity Name SOUTH FLORIDA STATE HOSPITAL FINANCING CORPORATION		
Principal Place of Business 621 NW 53RD STREET SUITE 700 BOCA RATON, FL 33487	Mailing Address 621 NW 53RD STREET SUITE 700 BOCA RATON, FL 33487	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BULFIN, JOHN 621 NW 53RD ST. STE. 700 BOCA RATON, FL 33487		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000553820 05/15/06-80068-004 61 25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MADDUX, RON 621 NW 53RD ST., STE 700 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CALABRESE, WAYNE H 621 NW 53RD ST., STE 700 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BULFIN, JOHN 621 NW 53 ST., STE 700 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  John J Bulfin 4/28/06 5619997358 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>		