

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

DOCUMENT# N98000004458

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA STATE HOSPITAL FINANCING CORPORATION

**Current Principal Place of Business:**

621 NW 53RD STREET  
SUITE 700  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

621 NW 53RD STREET  
SUITE 700  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 65-1042204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BULFIN, JOHN  
621 NW 53RD ST.  
STE. 700  
BOCA RATON, FL 33487 US

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

BULFIN, JOHN J  
621 NW 53RD ST.  
STE. 700  
BOCA RATON, FL 33487 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: JOHN J BULFIN

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MADDUX, RON  
Address: 621 NW 53RD ST., STE 700  
City-St-Zip: BOCA RATON, FL 33487

Title: DST  
Name: BULFIN, JOHN J  
Address: 621 NW 53 ST., STE 700  
City-St-Zip: BOCA RATON, FL 33487

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: JOHN J BULFIN

DST

04/28/2011

Electronic Signature of Signing Officer or Director

Date