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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000018234

1. Entity Name
DELRAY HARBOR MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1705 S FEDERAL HWY SUITE A 8 DELRAY BEACH, FL 33483	9776 SOUTH ~~MILITARY TRAIL SUITE~~ D-2 ~~BOYNTON BEACH~~, FL 33436

2. Principal Place of Business		3. Mailing Address	
		3795 W. Boynton Bch Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Boynton Beach, FL	
City & State		City & State	
Zip	Country	Zip 33436	Country USA

4. FEI Number: 65-0987517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

FREEMAN, MARK MD
~~9776 S MILITARY TRAIL~~
~~D-2~~
~~BOYNTON BEACH~~, FL 33436

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3795 W. Boynton Beach Blvd.
Boynton Beach FL Zip Code 33436

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 [signature] 3/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, MARK MD ~~9776 S MILITARY TRAIL D-2~~ ~~BOYNTON BEACH, FL 33436~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3795 W. Boynton Bch Blvd Boynton Beach, FL 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 607, 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: [signature] 3/24/04 561-736-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #