

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000018234		
1. Entity Name DELRAY HARBOR MEDICAL CENTER, INC.		
Principal Place of Business 1705 S FEDERAL HWY SUITE A 8 DELRAY BEACH, FL 33483	Mailing Address 3795 W. BOYNTON BEACH BLVD BOYNTON BEACH FLA BOYNTON BEACH, FL 33436	 02212006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0987517 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FREEMAN, MARK MD 3795 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 2-21-06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 100000445968 03/07/06-00070-005 150.00
TITLE	D	
NAME	FREEMAN, MARK MD	
STREET ADDRESS	3705 W. BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
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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 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:  2-21-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		