## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000018234

Entity Name: DELRAY HARBOR MEDICAL CENTER, INC.

FILED Feb 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1705 S FEDERAL HWY 5130 LINTON BLVD SUITE A 8 SUITE E3

DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33484

Current Mailing Address: New Mailing Address:

3795 W. BOYNTON BEACH BLVD
BOYNTON BEACH FLA
BOYNTON BEACH, FL 33436
BOYNTON BEACH, FL 33436

FEI Number: 65-0987517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FREEMAN, MARK MD 3795 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33436 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: FREEMAN, MARK MD Name: FREEMAN, MARK MD

Address: 3705 W. BOYNTON BEACH BLVD Address: 3795 W. BOYNTON BEACH BLVD City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FREEMAN DR. 02/20/2009