

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000112086	
1. Entity Name COLEE HAMMOCK MEDICAL CENTER, INC.	

Principal Place of Business 517 IDLEWYLD DR. FORT LAUDERDALE FL 33301	Mailing Address 517 IDLEWYLD DR. FORT LAUDERDALE FL 33301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)	
4. FEI Number 65-1092851	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARSH, KERRY M 517 IDLEWYLD DR. FORT LAUDERDALE FL 33301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

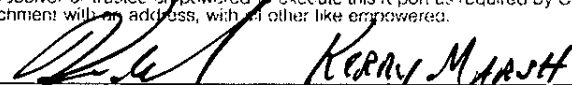
NOTE: Registered Agent signature required when re-stating

9. Election Campaign Financing Trust/Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PSTD MARSH, MICHELLE C 517 IDLEWYLD DRIVE FORT LAUDERDALE FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000816853 02/14/08-80068-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08