## 2007 FOR PROFIT CORPORATION

1. Entity Name   HOLLYWOOD MEDICAL CENTER, INC.   107 APR -3 PM 3: 55   SECRETABLE TSTATE   TALL AHASSEE, FLORIDA   13737 NOEL ROAD   13	· ANNUAL REPORT						y tr sow				
HOLLYWOOD MEDICAL CENTER, INC.  O7 APR -3 PM 3: 55  SECR. LAST - STATE TALLAHASSEE, FLORIDA  13737 NOEL ROAD  SET 100 DALLAS, TX 75240  DA						FILED					
13737 NOEL ROAD STE 100 DALLAS, TX 75240  1372 FOR CLOSE SEE OR DALLAS, TX 75240  2. Principal Place of Business - No P.O. Box # 3. Mailling Asstrators Suite. Appl. 4. ec. Suite. Appl. 4											
SET 100  DALLAS, TX 75240  DAL	Principal Place of Business Mailing Address				· ·	SECRETARY OF STATE					
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Sullo, Apt. # clc.		75240					ı atını (ibi) enil ədəl enil	 			
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Zip Country Zip Country State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1122007	Chg-P	CR2E03	34 (12/06)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 S PINE ISLAND RD PLANTATION, FL 33324  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City Flat Flat City From Required  From Required  City From Required  City From Required  City From Required  City From Required  From Required  City From Required  From	City & State		City & State			1		<del>                                     </del>			
Name 1200 S PINE ISLAND RD PLANTATION, FL 33324    City   FL   Zip Code	Zip	Country Zip (		Coun	try						
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent		
Sirest Address (P.O. Box Number is Not Acceptable)	CT CORPO	ORATION SYSTEM			Name						
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 termiliar with, and accept the obligations of registered agent, typed to prefer have a systematic formation of the purpose of changing its registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida. I am termiliar with, and accept the part of Florida agent the part of Florida agent the part of Florida agent the part	1200 S PINE ISLAND RD				Street Address (P.O. Box Number is Not Acceptable)						
B. 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    Sepature, typed or prefer have agent and the flagolicable   (NOTE Registered Agent agent and prefer have agent and the flagolicable   (NOTE Registered Agent age	LAWATION, LE 33324										
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SIGNATURE:

Kristina A. Made

Kristina A. Mack, Asst Sec, 3/28/07 Phone 469-893-2701