

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

07 APR -3 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014286

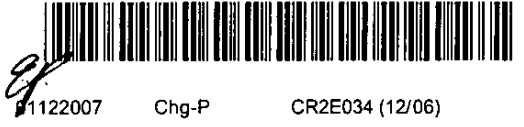
1. Entity Name
HOLLYWOOD MEDICAL CENTER, INC.



Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 75-2922705	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	LARSEN, CAITLIN M	
STREET ADDRESS	13737 NOEL ROAD, SUITE 100	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	P	<input type="checkbox"/> Delete
NAME	MELBY, LARRY M	
STREET ADDRESS	3600 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHERMAN, JEFFREY S	
STREET ADDRESS	13737 NOEL ROAD, SUITE 100	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MACK, KRISTINA A	
STREET ADDRESS	13737 NOEL ROAD, SUITE 100	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800096379458
04/11/07--01003--013 **150.00

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 effect as if signed by the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, if the information has not changed, or on an annual report.

SIGNATURE: *Kristina A. Mack*

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