

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081172	
1. Entity Name LIGHTHOUSE POINT MEDICAL CENTER INC.	



Principal Place of Business 4301 NORTH FEDERAL HWY. SUITE 6 POMPANO BEACH, FL 33064	Mailing Address 4301 NORTH FEDERAL HWY. SUITE 6 POMPANO BEACH, FL 33064
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02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1133824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, JOSE A 4301 NORTH FEDERAL HWY. SUITE 6 POMPANO BEACH, FL 33064
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, JOSE A 2233 NW 3RD AVENUE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORRES, VIRGINIA M 2233 NW 3RD AVE BOCA RATON, FL 33431
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03/04/04-80019-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Jose A. Torres</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE Daytime Phone #
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JOSE A. TORRES, PRES