

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098555

FILED
Jul 01, 2004
Secretary of State

Entity Name: MEADOWLANDS MEDICAL CENTER, P.A.

Current Principal Place of Business:

921 BLANDING BLVD
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

921 BLANDING BLVD
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-2362796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALESSENDRIA, MARC
921 BLANDING BLVD
ORANGE PARK, FL 32065

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALESSANDRIA, MARC
Address: 921 BLANDING BLVD
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALESSANDRIA, MARC L MD
Address: 921 BLANDING BLVD
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC L ALESSANDRIA

DR

07/01/2004

Electronic Signature of Signing Officer or Director

Date