

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000007094

1. Entity Name  
PALMETTO LAKES MEDICAL CENTER, INC.



Principal Place of Business  
4715 NW 157 ST SUITE 111  
MIAMI, FL 33014

Mailing Address  
4715 NW 157 ST SUITE 111  
MIAMI, FL 33014

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
16-1650617 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, DAISY  
4715 NW 157 ST SUITE 111  
MIAMI, FL 33014

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTINEZ, DAISY
STREET ADDRESS	4715 NW 157 ST SUITE 111
CITY-ST-ZIP	MIAMI, FL 33014

TITLE	
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07/18/05-80001-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05 (005) 625-6602

Date Daytime Phone #