

FILED
Apr 19, 2005 8:00 am
Secretary of State

DOCUMENT # P03000007751

POLO MEDICAL CENTER NORTH INC



1501 PRESIDENTIAL WAY STE 19
WEST PALM BEACH FL 33401

Suite, Apt. #, etc.

Not Applicable

\$8.75 Additional
Fee Required

Zip Code
33401

DATE _____

\$5.00 May Be
Added to Fees

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

SIGNATURE:

Daytime Phone #