2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P03000007751 1. Entity Name 04-19-2005 90373 017 ***150.00 POLO MEDICAL CENTER NORTH INC Principal Place of Business Mailing Address 1501 PRESIDENTIAL WAY STE 19 WEST PALM BEACH FL 33401 1501 PRESIDENTIAL WAY STE 19 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 42-1570722 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAXEN BERG KIESLING, ROBERT A 4793 N CONGRESS AVE #206 **BOYNTON BEACH FL 33426** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change ☐ Addition ☐ Defete TITLE TITLE OSLER, BRUCE NAME NAME 1501 PRESIDENTIAL WAY STE 19 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Delete Change ☐ Addition THILE RAXENBERG, BARRY NAME STREET ADDRESS STREET ADDRESS 1501 PRESIDENTIAL WAY STE 19 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 ☐ Change Addition TITLE TITLE - Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

AND YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Date

Daytime Phone #