

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007751

FILED
Feb 17, 2011
Secretary of State

Entity Name: POLO MEDICAL CENTER NORTH INC

Current Principal Place of Business:

1501 PRESIDENTIAL WAY STE 19
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1501 PRESIDENTIAL WAY STE 19
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 42-1570722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAXENBERG, BARRY
1501 PRESIDENTIAL WAY
#19
WEST PALM BEACH, FL 33401 US

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

OFFICERS AND DIRECTORS:

Title: PD
Name: OSLER, BRUCE
Address: 1501 PRESIDENTIAL WAY STE 19
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD
Name: RAXENBERG, BARRY
Address: 1501 PRESIDENTIAL WAY STE 19
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: BRUCE OSLER

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date