

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90057 006 ***150.00

DOCUMENT # P03000043371		02-09-2005 90057 006 ***150.00	
1. Entity Name MEDICAL CENTER OF POMPANO BEACH, INC.			
Principal Place of Business 1800 N FEDERAL HWY STE 104 POMPANO BCH, FL 33062		Mailing Address 1800 N FEDERAL HWY STE 104 POMPANO BCH, FL 33062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SCHULTE, ROBERTA 1800 N FEDERAL HWY STE 104 POMPANO BCH, FL 33062		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 state if applicable		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULTE, ROBERTA 1800 N FEDERAL HWY STE 104 POMPANO BCH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: Roberta Schulte		2-2-05 (304) 822-1802	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	