2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# P03000043371

Entity Name: MEDICAL CENTER OF POMPANO BEACH, INC.

Current Principal Place of Business:

1800 N FEDERAL HWY STE 104
POMPANO BCH, FL 33062

New Principal Place of Business:

1800 N FEDERAL HWY STE 104
104
POMPANO BCH, FL 33062

Current Mailing Address:

1800 N FEDERAL HWY STE 104
POMPANO BCH, FL 33062

New Mailing Address:

1800 N FEDERAL HWY STE 104
104
POMPANO BCH, FL 33062

FEI Number: 56-2345755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTE, ROBERTA
1800 N FEDERAL HWY STE 104
POMPANO BCH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: SCHULTE, ROBERTA
Address: 1800 N FEDERAL HWY STE 104
City-St-Zip: POMPANO BCH, FL 33062

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: ROBERTA SCHULTE D 01/06/2010

Electronic Signature of Signing Officer or Director — Date