FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90078 014 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business No P.O. Box	DOCUMENT # P04000042213 1. Entity Name PROMISE HOSP ITAL OF SAN ANTONIO, INC.				40100	
BOCK PMTON, FF 5441. BOCK RANCH, FI 33431 2. Principal Place of Business - No P.O. Box # 999 Yamato Road	Principal Place	e of Business	Mailing Address			
999 Yamato Road 120						
Suite, Ap. 1, etc. Third Effoor Third Effoor Third Effoor Boos Ration, FL City & State Boos Ration, FL 20 20 33431 Country USA Zip 34431 Country USA Zip 24444 Zip 265 Z				<u> </u>		
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25 33431 Country USA	City & State Boca Raton, FL		City & State Boca Raton, FL			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named artiky submits this statement for the professor of registered figent. 8. The above named artiky submits this statement for the professor of registered figent. 8. The above named artiky submits this statement for the professor of registered figent. 8. The above named artiky submits this statement for the professor of registered figent. 8. The above named artiky submits this statement for the professor of registered figent. 8. The above named artiky submits this statement for the professor of registered figent. 8. The above named artiky submits this statement for the professor of registered figent. 999 Yamato Road, Third Floor 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. OFFICERS AND DIRECTORS IN 11 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. ADDITIONS/CHANGES TO OFFICERS AND DI			Zip 33431 Country USA		5 Cartificate of Status Decired 19 \$8.75 Additional	
William M. Vazquez Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 999 Yamato Road, Third Floor City Boca Ration FL Zip Code 33431 8. The above named entity submits this statement for the prefit of the prefit o			Registered Agent			
STEET ADDRESS 1001 YAMATO ROAD SUITE #300 BITE STO MAKE BERFLADORSS BERFLADO					lliam M. Vazquez	
SURTER 300s BOCA RATON, FL 33431 8. The above named entity submits this statement for the purpose of the obligations of registered agent, or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of registered agent. FILE MOWIT FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE MD KANTERMAN, LARRY KANT						
E. The above named entity submits this statement for the purchast cheening its regulated office or registered agent, or both, in the State of Rords. 2 am familier with, and accept the obligations of registered agent. Color Color Color Color				ļ		
6. The above named entity submits this statement for the pushing its registered agent, or both, in the State of Florida. 1 am familier with, and accept the obligations of registered agent. Committee	BOCA RATON, FL 33431					
B. The above named entity extends this statement for the powers in the obligations of registered agent, or both, in the State of Florida. I em familier with, and accept the obligations of registered agent, or both, in the State of Florida. I em familier with, and accept the obligations of registered agent, or both, in the State of Florida. I em familier with, and accept the decipions of registered agent, or both, in the State of Florida. I em familier with, and accept the decipions of registered agent, or both, in the State of Florida. I em familier with, and accept the decipions of registered agent, or both, in the State of Florida. I em familier with, and accept the decipions of registered agent, or both, in the State of Florida. I em familier with, and accept the decipions of registered agent, or both, in the State of Florida. I em familier with, and accept the decipions of registered agent, or both, in the State of Florida. I em familier with, and accept the decipion of registered agent, or both, in the State of Florida. I em familier with, and accept the familier with accept the familier with, and accept the familier with, and accept the familier with,	City			City Bo	ca Raton FL Zip Code 33431	
SIGNATURE William M. Vazquez National Processor	8. The above	named entity submits this statement for	the purpose of changing its re	ointe ed office or re		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a foured 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.			0	CITY . CT. 24P	•	
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.	42 I berebu	partity that the information cumulad with	this filing does not qualify for t	the evernations cor	steined in Chapter 119. Florida Statutes, I further certify that the information	
SIGNATURE: William M. Vazquez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELO DELO DELO DELO DELO DELO DELO DELO	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 induired 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.					
BIGNATURE AND TYPED OR PRINTED NIGHT OF SIGNING OFFICER OR DIRECTOR Date Daysme Prone	SIGNAT	TIRE: William M. Vazquez	- May	1. Wes	4-19-07 561-81,9-30	
	5.5.17.1	BIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	OIRECTOR	Dato Devame Phone #	