

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138282

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** HOSPITAL WITHOUT WALLS OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

201 SW PORT ST. LUCIE BLVD  
106  
PORT ST. LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 S. FEDERAL HWY  
SUITE 205  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

**FEI Number:** 20-1705001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HABIB, BAHER F  
1200 S FEDERAL HWY  
205  
BOYNTON BEACH, FL 33435 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: P  
Name: HABIB, BAHER F  
Address: 1200 S FEDERAL HWY, SUITE 205  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T  
Name: ISHAK, EMAD  
Address: 10288 HUNT CLUB LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP  
Name: GREENHALGH, TERRY L  
Address: 1200 S FEDERAL HWY, SUITE 205  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: EMAD ISHAK

T

02/21/2011

Electronic Signature of Signing Officer or Director

Date