

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048369

FILED
Apr 24, 2007
Secretary of State

Entity Name: COLONY SPRINGS MEDICAL CENTER OF PALM BEACH CORP

Current Principal Place of Business:

4949 SOUTH CONGRESS AVE
SUITE E
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

8333 W MCNAB ROAD
101
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-2593041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIRA, GABRIEL R
8333 W MCNAB ROAD
SUITE 101
TAMARAC, FL 33321 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: P () Delete
Name: NEIRA, GABRIEL R
Address: 8333 W MCNAB ROAD # 101
City-St-Zip: TAMARAC, FL 33321

Title: MD () Delete
Name: ABRIL, ANDINO
Address: 8333 W MCNAB ROAD # 101
City-St-Zip: TAMARAC, FL 33321

Title: M () Delete
Name: NEIRA, CLAUDIA J
Address: 8333 W MCNAB ROAD # 101
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: NEIRA, RICARDO
Address: 8333 W MCNAB ROAD # 101
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GABRIEL R NEIRA

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date