

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048369

FILED
Apr 06, 2011
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:

130 JFK DR ,
#131
ATLANTIS, FL 33461

Current Mailing Address:

7737 N UNIVERISTY DR
107
TAMARAC, FL 33321

New Mailing Address:

130 JFK DR ,
#131
ATLANTIS, FL 33462

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
7737 N UNIVERSITY DR
107
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

FUENTES, CLAUDIA
130 JFK DRIVE
#131
ATLANTIS, FL 33462 US

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: FUENTES, CLAUDIA

04/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FUENTES, CLAUDIA
Address: 130 JFK DR,
City-St-Zip: #131, FL ATLANTIS US

Title: VP
Name: NEIRA, CLAUDIA M
Address: 130 JFK DRIVE, #131
City-St-Zip: ATLANTIS, FL 33462

Title: MD
Name: GROSS, ZVI MD
Address: 130 JFK DR, #131
City-St-Zip: ATLANTIS, FL 33641

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: CLAUDIA FUENTES

P

04/06/2011

Electronic Signature of Signing Officer or Director

Date