

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048369

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** COLONY SPRINGS MEDICAL CENTER OF PALM BEACH CORP

**Current Principal Place of Business:**

130 JFK DR ,  
#131  
ATLANTIS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

130 JFK DR ,  
#131  
ATLANTIS, FL 33462

**New Mailing Address:**

130 JFK DR ,  
#131  
ATLANTIS, FL 33461

**FEI Number:** 20-2593041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, CLAUDIA  
130 JFK DRIVE  
#131  
ATLANTIS, FL 33462 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:** 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:** KLAUDIA FUENTES

PD

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date