

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101700

Entity Name: LEHIGH MEDICAL CENTER, INC.

FILED  
Apr 05, 2006  
Secretary of State

## Current Principal Place of Business:

2740 BAYSHORE DRIVE #A  
NAPLES, FL 34112

## New Principal Place of Business:

2740 BAYSHORE DRIVE  
#8  
NAPLES, FL 34112

## Current Mailing Address:

2740 BAYSHORE DRIVE #A  
NAPLES, FL 34112

## New Mailing Address:

2740 BAYSHORE DRIVE  
#8  
NAPLES, FL 34112

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTRADA, SANDRA Y  
2740 BAYSHORE DRIVE #A  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

ESTRADA, SANDRA Y  
2740 BAYSHORE DRIVE  
#8  
NAPLES, FL 34112 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: SANDRA ESTRADA

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ESTRADA, SANDRA Y  
Address: 9311 N.W. BROAD MANOR RD.  
City-St-Zip: MIAMI, FL 33112

Title: VD ( ) Delete  
Name: CARRERAS, CATALINA  
Address: 985 EVERGLADES BLVD. S  
City-St-Zip: NAPLES, FL 34117

Title: STD ( ) Delete  
Name: VARGAS S, LILIANA  
Address: 902 E. 34TH ST  
City-St-Zip: HIALEAH, FL 33013

## 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:

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: SANDRA ESTRADA

PSDT

04/05/2006

Electronic Signature of Signing Officer or Director

Date