## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000101700

Entity Name: LEHIGH MEDICAL CENTER, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2740 BAYSHORE DRIVE 519 ABBOTT AVE #8 LEHIGH, FL 33972

NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

2740 BAYSHORE DRIVE 519 ABBOTT AVE #8 LEHIGH, FL 33972

NAPLES, FL 34112

FEI Number: 83-0436528 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ESTRADA, SANDRA Y
2740 BAYSHORE DRIVE
#8
NAPLES, FL 34112 US
ESTRADA, SANDRA Y
519 ABBOTT AVE
LEHIGH, FL 33972 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 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 ESTRADA, SANDRA Y
 Name:
 ESTRADA, SANDRA Y

 Address:
 9311 N.W. BROAD MANOR RD.
 Address:
 519 ABBOTT AVE

 City-St-Zip:
 MIAMI, FL 33112
 City-St-Zip:
 LEHIGH, FL 33972

Title: VD ( ) Delete Title: P (X) Change ( ) Addition Name: CARRERAS, CATALINA Name: RODRIGUEZ, VICTOR

 Name:
 CARRERAS, CATALINA
 Name:
 RODRIGUEZ, VICTOR

 Address:
 985 EVERGLADES BLVD. S
 Address:
 519 ABBOTT AVE

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 LEHIGH, FL 33972

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VARGAS S, LILÍANA
 Name:

 Address:
 902 E. 34TH ST
 Address:

 City-St-Zip:
 HIALEAH, FL 33013
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 VPD 04/30/2007