2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90078 013 ***150.00

DOCUMENT # P06000006770 1. Entity Name PROMISE HOSPITAL OF VIDALIA, INC.							• 01 115 103					
Principal Place of Business 1001 YAMATO ROAD SUITE 300 BOCA RATON, FL 33431			Mailing Address 1001 YAMATO ROAD SUITE 300 BOCA RATUN, FL 33431			,						
Principal Place of Business - No P.O. Box # 999 Yamato Road			Mailing Address 999 Yamato Road									
Suite, Apt. #, etc. Third Floor			Suite, Apt. #, etc.				04092007	Chg-P	CR2E0	34 (12/06)		
City & State			Third Floor City & State Boca Raton, FL				4. FEI Numb				plied For	
Boca Raton, FL Country USA			Zip Country US/					of Status Desired		\$8.75 Add	ot Applicable ditional	
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of New R				
VAZQUEZ: WILLIAM-M					Name William M. Vazquez							
1001 YAM	ATO ROA		Street Addre			dress (F	(P.O. Box Number is Not Acceptable)					
BOCA RAT		33 49 1	999 Yar			Yama	to Road, Th	nird Floor				
						City FL Zip Code						
8. 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. I am familiar with, and accept												
the obligations of registered agent. SIGNATURE William M. Vazquez 4-9-07												
Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent injusture required when constating) DATE												
FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fearcing \$5.00 May Be Trust Fund Contribution.												
10. TITLE	D	OFFICERS AND	DIRECTORS Delete	11.		D	ADDITIONS	CHANGES TO OFF	ICERS AND		S IN 11	
NAME	_	Z, WILLIAM M	i''⊃ Delete	NAME		_	ıez, William	1 M.		Change	Addition	
STREET ADDRESS CITY-ST-ZIP		MATO ROAD #300 NTON, FL 33431			ו מוד דים			d, Third Floor				
TITLE	BOCKIO	(10N, FE 33431	☐ Delete	TITLE		Boca CEO/	Raton, FL D	33431		☐ Change	Addition	
NAME			_ 33,41.5	NAME		Baror	noff, Peter					
STREET ADDRESS CITY+ST-ZIP				STREET CITY - S	T ADDRESS ST-ZIP	999 Y	amato Roa	ad, Third Floor				
TITLE			☐ Delete	TITLE		P/D	Raton, FL	33431		☐ Change	Addition	
NAME OTREST LODGES				NAME			w, Howard				^	
STREET ADDRESS CITY+ST-ZIP				STREET CITY-S	רד זיים			d, Third Floor				
TITLE			☐ Delete	TITLE		T/S/D	Raton FL	.3.34.31		☐ Change	Q Addition	
NAME				NAME			r, Lawrence					
STREET ADDRESS CITY+ST-ZIP				CITY-S	CT_71P			ad, Third Floor				
DILE			☐ Delete	TITLE		CMO/	Raton, FL. 'D	33431		Change		
NAME				NAME		Daws	on, Mark, N	И.D.				
STREET ADORESS CITY-ST-ZIP				CITY-S	ST-7IP			id, Third Floor				
TITLE			☐ Delete	TITLE		Boca-	Raton, FL	33431		☐ Change	☐ Addition	
NAME				NAME			erman, Law					
STREET ADORESS CITY-ST-ZIP				CITY-S	T ADDRESS ST-ZIP			ad, Third Floor				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall bely 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 Charter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like exposured.												
SIGNATURE: William M. Vazquez GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Design Proce 8												
Daytine Phone #												