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Secretary of State

05-04-2007 90078 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000006809

1. Entity Name
PROMISE SPECIALTY HOSPITAL OF SAN DIEGO, INC.

66019169

04132007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~1001 YAMATO RD., SUITE 300~~ ~~BOCA RATON, FL 33431~~	~~1001 YAMATO RD., SUITE 300~~ ~~BOCA RATON, FL 33431~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
999 Yamato Road	999 Yamato Road
Suite, Apt. #, etc. Third Floor	Suite, Apt. #, etc. Third Floor
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country USA	Zip 33431 Country USA

4. FEI Number 26-0280008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VAZQUEZ, WILLIAM M~~
~~1001 YAMATO RD., SUITE 300~~
~~BOCA RATON, FL 33431~~

7. Name and Address of New Registered Agent

Name: William M. Vazquez
Street Address (P.O. Box Number Is Not Acceptable): 999 Yamato Road, Third Floor
City: Boca Raton, FL Zip Code 33431

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 [signature] 4-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAZQUEZ, WILLIAM M 1001 YAMATO RD., SUITE 300 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vazquez, William M. 999 Yamato Road, Third Floor Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M. Vazquez [signature] 4-19-07 561-869-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #