

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000087962

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** DEERFIELD MEDICAL CENTER INC

**Current Principal Place of Business:**

8971 NW 78TH PLACE  
#460  
TAMARAC, FL 33321

**New Principal Place of Business:**

7522 WILES ROAD  
#B213  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

2661 RIVERSIDE DR  
3  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 37-1648887      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOTERO, RICHARD F  
2661 RIVERSIDE DR  
3  
CORAL SPRINGS, FL 33065 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:** S.VP  
**Name:** GONZALEZ, KATHERINE  
**Address:** 8971 NW 78TH PLACE #460  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** P  
**Name:** RIVERA-KOLB, KENNETH  
**Address:** 2661 RIVERSIDE DR#3  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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: KATHERINE GONZALEZ

S.VP

02/29/2012

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

\_\_\_\_\_  
Date