

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90034 011 ***150.00

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1. Entity Name
ORMOND MEDICAL CENTER, INC.



Principal Place of Business
545 W GRANADA BLVD.
ORMOND BEACH, FL 32174 US

Mailing Address
545 W GRANADA BLVD.
ORMOND BEACH, FL 32174 US

4007000



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3166150	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, MICHAEL J
STREET ADDRESS	545 W GRANADA BLVD
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____