# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2005**
**Secretary of State**

DOCUMENT# P94000002457

**Entity Name:** COCONUT GROVE MEDICAL CORPORATION

**Current Principal Place of Business:**

2250 S DIXIE HWY
SILVER BLUFF MEDICAL CENTER
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2250 S DIXIE HWY
SILVER BLUFF MEDICAL CENTER
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number: 65-0470484** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PAIGE, ROBERT E ESQ
2151 LEJEUNE RD
SUITE 309-A
CORAL GABLES, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: JOHNSON, MICHAEL E MD
Address: 2250 S DIXIE HWY SILVER BLUFF MEDICAL CTR
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: HUGHES, ANDREA KELLY
Address: 2250 S DIXIE HWY SILVER BLUFF MEDICAL CTR
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL JOHNSON PRES 03/31/2005

Electronic Signature of Signing Officer or Director Date