

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000040982

1. Entity Name  
FOUNTAINS MEDICAL CENTER, INC.



Principal Place of Business  
815 S UNIVERSITY DR SUITE 101  
PLANTATION, FL 33324

Mailing Address  
815 S UNIVERSITY DR SUITE 101  
PLANTATION, FL 33324



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0612669  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, ARLEEN  
310 NW 69TH AVENUE #253  
PLANTATION, FL 33317

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

000000160103  
05/13/04-80007-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RICHARDS, ARLEEN 310 NW 69TH AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**SIGN  
& DATE**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Arleen E. Richards  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_