

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000041451 (3)

1. Corporation Name

TRIDENT MEDICAL CENTERS OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1601 BELVEDERE ROAD STE 500 EAST WEST PALM BEACH FL 33406 US		Mailing Address 1601 BELVEDERE ROAD STE 500 EAST WEST PALM BEACH FL 33406 US	
2. Principal Place of Business 21 350 N.W. 12th Avenue Suite, Apt. #, etc. 22 City & State 23 Deerfield Beach, Florida Zip Country 24 33442 25 U.S.A.		2a. Mailing Address 26 350 N.W. 12th Avenue Suite, Apt. #, etc. 27 City & State 28 Deerfield Beach, Florida Zip Country 29 33442 30 U.S.A.	
g. Name and Address of Current Registered Agent GIGLIOTTI, ANTHONY J 1601 BELVEDERE RD STE 500 WEST PALM BEACH FL 33406		10. Name and Address of New Registered Agent 81 Name Roberto L. Palenzuela 82 Street Address (P.O. Box Number is Not Acceptable) 350 N.W. 12th Avenue 83 84 City Deerfield Beach FL 85 Zip Code 33442	

3. Date Incorporated or Qualified

06/02/1994

4. FEI Number

65-0497630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Roberto L. Palenzuela, Esquire 02/05/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZITMAN, HAIM	1.2 NAME	Anthony J. Gigliotti
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 500 EAST	1.3 STREET ADDRESS	350 N.W. 12th Avenue
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Deerfield Beach, Florida 33442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

President

Anthony J. Gigliotti 02/09/98 (954) 425-4300

SIGNATURE:

CR2E034 (10/97)