


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000092459 1. Entity Name OCEANVIEW MEDICAL CENTER, INC.	
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Principal Place of Business 2500 E HALLANDALE BCH BLVD HALLANDALE, FL 33009 US	Mailing Address 2500 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 US
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0558875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD SUITE 485-SOUTH
HOLLYWOOD, FL 33021

**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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000026722 02/03/04-80019-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOULD, PHILIP R 2500 E HALLANDALE BCH BLVD HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENEZRA, CLIFFORD J 2500 E HALLANDALE BCH BLVD HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOULD, PHILIP R 2500 E. HALLANDALE BEACH BLVD. HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STVP BENEZRA, CLIFFORD J. 2500 E. HALLANDALE BEACH BLVD. HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 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:  **1-29-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #