2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2012
Secretary of State

DOCUMENT# P95000025088

Entity Name: VAN BUREN MEDICAL CENTER, INC.

Current Principal Place of Business:

2600 VAN BUREN ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2600 VAN BUREN ST
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0577956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, GREG
400 SE 8 ST
FT LAUDERDALE, FL 33316 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

OFFICERS AND DIRECTORS:

Title: P
Name: GAY, ALIX, M.D.
Address: 2600 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: P
Name: GAY ALIX, M.D.
Address: 2600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: P
Name: ALIX GAY, M.D.
Address: 2600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: P
Name: ALIX GAY, M.D.
Address: 2600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: P
Name: ALIX GAY, MD.
Address: 2600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: P
Name: ALIX GAY, M.D.
Address: 2600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

I hereby 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 all other like empowered.

SIGNATURE: ALIX GAY M.D. P 05/08/2012

Electronic Signature of Signing Officer or Director Date