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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038975 (5)

1. Corporation Name
POINTE WEST MEDICAL CENTER, INC.



Principal Place of Business

**2902-59TH STREET WEST
SUITE A
BRADENTON FL 34209**

Mailing Address

**2902-59TH STREET WEST
SUITE A
BRADENTON FL 34209-7019**

3. Date Incorporated or Qualified 05/16/1995	3a. Date of Last Report 05/21/1996
4. FEI Number 65-0600061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GALVANO, WILLIAM S
1023 MANATEE AVENUE WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/4/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Addition
NAME	FERNANDEZ, ENRIQUE J	1.2 NAME	
STREET ADDRESS	2902-59TH STREET WEST SUITE A	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34209	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JOHN D MD	2.2 NAME	
STREET ADDRESS	2902-59TH STREET WEST, SUITE 2500-	2.3 STREET ADDRESS	2010 59th Street West, Suite 2500
CITY - ST - ZIP	BRADENTON FL 34209	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, MD, TRI	3.2 NAME	
STREET ADDRESS	6215 21ST AVENUE WEST, SUITE B	3.3 STREET ADDRESS	6215 21st Avenue West, Suite B
CITY - ST - ZIP	BRADENTON FL 34209	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MD, HARRIS	4.2 NAME	
STREET ADDRESS	6002 POINTE WEST BOULEVARD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34209	4.4 CITY - ST - ZIP	
TITLE		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		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 do 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.

SIGNATURE: *[Signature]* DATE: **2/4/97** DAYTIME PHONE: **941-792-2020**

CR2E034 (9/96)