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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90086 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
~~Sandra Br-Mustham~~
Secretary of State
DIVISION OF CORPORATIONS

~~1998~~ 1999

DOCUMENT # P95000038975 ~~151~~

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

65-0600061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

2. Principal Place of Business

21 4007 Bayside Drive

2a. Mailing Address

26 4007 Bayside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
BRADENTON, FL

27 City & State
BRADENTON, FL

24 Zip
34210

25 Country
USA

29 Zip
34210

30 Country
USA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME FERNANDEZ, ENRIQUE J
STREET ADDRESS 2902-59TH STREET WEST SUITE A
CITY-ST-ZIP BRADENTON FL 34209

TITLE DP
NAME FERGUSON, JOHN D MD
STREET ADDRESS 2010 59TH STREET WEST, SUITE 2500
CITY-ST-ZIP BRADENTON FL

TITLE DS
NAME NGUYEN, MD, TRI
STREET ADDRESS 6125 21ST AVE. WEST, SUITE B
CITY-ST-ZIP BRADENTON FL

TITLE DT
NAME SILVERMAN, MD, HARRIS
STREET ADDRESS 6002 POINTE WEST BOULEVARD
CITY-ST-ZIP BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)