


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90035 009 ***150.00

DOCUMENT # P95000045612	
1. Entity Name ATLANTIC COAST MEDICAL CENTER, INC.	

Principal Place of Business 2500 E. HALLANDALE BEACH BLVD SUITE QR HALLANDALE, FL 33009 US	Mailing Address 2500 E. HALLANDALE BEACH BLVD SUITE QR HALLANDALE, FL 33009 US
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2. Principal Place of Business 2100 E. Hallandale Bch Blvd	3. Mailing Address 2100 E. Hallandale Bch Blvd
Suite, Apt. #, etc. Suite 307	Suite, Apt. #, etc. Suite 307
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009	Country USA

40001742



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0593893	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENEZRA, CLIFFORD 2500 E. HALLANDALE BEACH BLVD SUITE Q,R HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Benezra, Clifford 2100 E. Hallandale Beach Blvd Ste 307 Hallandale, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 relative 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: _____ **1/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #