

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024589

FILED
Feb 11, 2004
Secretary of State

Entity Name: MAIMONIDES MEDICAL CENTER, INC.

Current Principal Place of Business:

2850 LAKE WASHINGTON RD
UNIT 4
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2850 LAKE WASHINGTON ROAD, UNIT 4
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 65-0660219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROLINA, SARENAS
2850 LAKE WASHINGTON ROAD
SUITE 4
MELBOURNE, FL 32935 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SARENAS, CAROLINE
Address: 1967 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL

Title: DP () Delete
Name: VERGARA, GERMAN
Address: 1967 CRANE CREEK BLVD.
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROLINA SARENAS

VP

02/11/2004

Electronic Signature of Signing Officer or Director

Date