

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068770

Entity Name: DELGADO MEDICAL CENTER, INC.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

1925 SW 8TH ST.
MIAMI, FL 331353315

New Principal Place of Business:

Current Mailing Address:

1925 SW 8TH ST.
MIAMI, FL 331353315

New Mailing Address:

FEI Number: 65-0687340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSEGA, ZENaida
1925 SW 8TH ST.
MIAMI, FL 331353315 US

Name and Address of New Registered Agent:

FONSECA, ZENaida
1925 SW 8TH ST.
MIAMI, FL 331353315 US

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: ZENaida FONSECA

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHILITO, ALICIA MD
Address: 10220 SW 121 ST
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: FONSECA, ZENaida
Address: 2211 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CHILITO, ALICIA MD
Address: 10220 SW 121 ST
City-St-Zip: MIAMI, FL 33176

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

Title: S () Change (X) Addition
Name: DIEGUEZ, TERESITA M.D.
Address: 1925 SW 8 STREET
City-St-Zip: MIAMI, FL 33135

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: ZENaida FONSECA

P

01/18/2005

Electronic Signature of Signing Officer or Director

Date