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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000087978

1. Corporation Name
CREST HAVEN MEDICAL CENTER, P.A.



Principal Place of Business
**2601 SOUTH MILITARY TRAIL. #39
 WEST PALM BEACH FL 33415**

Mailing Address
**P.O. BOX 7107
 DELRAY BEACH FL 33482-7107**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1996

4. FEI Number
65-0704927

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **2601 SOUTH MILITARY TR.**

22 **32/33**

23 **WEST PALM BEACH**

24 **FL 33415**

2a. Mailing Address

26 **P.O. BOX 7107**

27 **DELRAY BEACH FL 33482-7107**

9. Name and Address of Current Registered Agent

**THOMPSON, ISAAC K
 5130 LINTON BLVD D4/D5
 DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name **THOMPSON, ISAAC K**

82 Street Address (P.O. Box Number is Not Acceptable)
726 PINE CLUB LANE

83 **WELLINGTON, FL 33414**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **THOMPSON, ISMA K**

STREET ADDRESS **1450 SPANISH OAK WAY**

CITY-ST-ZIP **WELLINGTON FL 33414**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change Addition

1.2 NAME **THOMPSON, ISMA K**

1.3 STREET ADDRESS **726 PINE CLUB LANE**

1.4 CITY-ST-ZIP **WELLINGTON, FL 33414**

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, with all other like empowered.

SIGNATURE: *Isma K Thompson* **SIGNATURE REQUIRED** **1/22/99** **561 499 9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)