


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90038 006 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P96000087978</b>                     |  |
| 1. Entity Name<br>CREST HAVEN MEDICAL CENTER, P.A. |   |

|   |  |
|---|--|
| Principal Place of Business<br>2601 SOUTH MILITARY TRAIL<br>32 & 33<br>WEST PALM BEACH, FL 33415 US | Mailing Address<br>P.O. BOX 7107<br>DELRAY BEACH, FL 33482-7107 US |
|---|--|

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|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04022007 Chg-P CR2E034 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0704927 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br>THOMPSON ISSAC K<br>6200 W ATLANTIC AVE 100<br>DELRAY BEACH, FL 33484 |  | 7. Name and Address of New Registered Agent<br>Name THOMPSON, ISAAC K<br>Street Address (P.O. Box Number is Not Acceptable)<br>6200 W ATLANTIC AVE # 100<br>City DELRAY BEACH FL Zip Code 33484 |  |
|--|--|---|--|

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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>THOMPSON, ISAAC K<br>726 PINE CLUB LN<br>WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>THOMPSON, ISAAC K.<br>6200 W ATLANTIC AVENUE, #100<br>DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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 receiver 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:** Isaac K. Thompson **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/7/07 **Date** 561-499-9292 **Daytime Phone #**