


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000087978	
1. Entity Name CREST HAVEN MEDICAL CENTER, P.A.	

Principal Place of Business 2601 SOUTH MILITARY TRAIL 32 & 33 WEST PALM BEACH, FL 33415 US	Mailing Address P.O. BOX 7107 DELRAY BEACH, FL 33482-7107 US
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0704927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON ISSAC K 6200 W ATLANTIC AVE 100 DELRAY BEACH, FL 33484
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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, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, ISAAC K 6200 W. ATLANTIC AVENUE, #100 DELRAY BEACH, FL 33484
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05/29/08-80123-013 150.00

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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: 	ISMAK THOMPSON	4/28/08	561-499-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #