

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087978

FILED
Apr 23, 2009
Secretary of State

Entity Name: CREST HAVEN MEDICAL CENTER, P.A.

Current Principal Place of Business:

2601 SOUTH MILITARY TRAIL
32 & 33
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

4320 FORESTHILL BLVD
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

P.O. BOX 7107
DELRAY BEACH, FL 334827107 US

New Mailing Address:

FEI Number: 65-0704927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON ISSAC K
6200 W ATLANTIC AVE 100
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

THOMPSON ISAAC K
6200 W ATLANTIC AVE 100
DELRAY BEACH, FL 33484 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: ISAAC THOMPSON

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, ISAAC K
Address: 6200 W. ATLANTIC AVENUE, #100
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ISAAC THOMPSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date