

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021951

FILED
Apr 28, 2006
Secretary of State

Entity Name: CORAL SPRINGS THERAPEUTIC MEDICAL CENTER, INC.

Current Principal Place of Business:

7166 NOB HILL ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY STE 114
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 65-0738034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BROCK, JAMES C ESQ.
7972 CANYON LAKE CIRCLE
ORLANDO, FL 32835 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: JAMES C BROCK

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICCIANO, JOHN R
Address: 18302 HIGHWOODS PRESERVE PKWY STE 114
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: DONLEVY, MICHAEL
Address: 18302 HIGHWOODS PRESERVE PKWY STE 114
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: O'SHEA, JAMES
Address: 18302 HIGHWOODS PRESERVE PKWY STE 114
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. PICCIANO

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date