FILE NOW: FILING FEE AFTER MAY 1ST IS $55.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033735 (6)

1. Corporation Name
SOUTH WIND MEDICAL CENTER INC.

Principal Place of Business	Mailing Address
5335 N. MILITARY TRAIL SUITE 44 WEST PALM BEACH FL 33407	5335 N. MILITARY TRAIL SUITE 44 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 04/14/1997

4. FEI Number: 650745088 ☐ Applied For ☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
MILLIEN, GARRY D
436 ISLAND SHORE DR
WEST PALM BEACH FL 33413
New address

10. Name and Address of New Registered Agent
Name: MILLIEN, GARRY D
Street Address (P.O. Box Number is Not Acceptable): 5335 N. MILITARY TRAIL # 44
City: W.P.B. FL (85) FL Zip Code: 33407

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	
NAME	MILLIEN, GARRY D	
STREET ADDRESS	436 ISLAND SHORE DR	13 STREET ADDRESS: 5335 N. MILITARY TRAIL #44
CITY-ST-ZIP	WEST PALM BEACH FL 33413	14 CITY-ST-ZIP: W.P.B. FL 33407 ☑ Change ☐ Addition
TITLE	V ☐ DELETE	
NAME	CUELLO, ROSA M	
STREET ADDRESS	436 ISLAND SHORE DR	23 STREET ADDRESS: 5335 N. Military TRAIL # 44
CITY-ST-ZIP	WEST PALM BEACH FL 33413	24 CITY-ST-ZIP: W.P.B. FL 33407 ☐ Change ☐ Addition
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Garry Millien MILLIEN, GARRY D 1/5/98 561-6408117

CR2E034 (10/97)