

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033735

Entity Name: SOUTH WIND MEDICAL CENTER INC.

FILED  
Jan 05, 2005  
Secretary of State

## Current Principal Place of Business:

1870 FOREST HILL BLVD.  
# 103  
WEST PALM BEACH, FL 33406

## New Principal Place of Business:

## Current Mailing Address:

1870 FOREST HILL BLVD.  
# 103  
WEST PALM BEACH, FL 33406

## New Mailing Address:

FEI Number: 65-0745088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLIEN, GARRY D OR CUELLO ROSA M  
1870 FOREST HILL BLVD.  
# 103  
WEST PALM BEACH, FL 33406 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: MILLIEN, GARRY D  
Address: 1870 FOREST HILL BLVD. # 103  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: P ( ) Delete  
Name: CUELLO, ROSA M  
Address: 1870 FOREST HILL BLVD. # 103  
City-St-Zip: WEST PALM BEACH, FL 33406

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILLIEN, GARRY D  
Address: 1870 FOREST HILL BLVD. # 103  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V (X) Change ( ) Addition  
Name: CUELLO, ROSA M  
Address: 1870 FOREST HILL BLVD. # 103  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARRY MILLIEN

P

01/05/2005

Electronic Signature of Signing Officer or Director

Date