

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000054514

FILED
Oct 19, 2004
Secretary of State

Entity Name: WEST-DIXIE MEDICAL CENTER, INC.

Current Principal Place of Business:

703 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

703 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0764624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVENTURE, YVES M
703 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH, FL 33069 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAVENTURE, YVES M DR
Address: 18742 NW 89TH AVE
City-St-Zip: HIALEAH, FL 33018

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 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: DR. YVES M LAVENTURE

P

10/19/2004

Electronic Signature of Signing Officer or Director

Date