

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 012 ***158.75

DOCUMENT # P98000086472 1. Entity Name HAWTHORNE MEDICAL CENTER, P.A.					
Principal Place of Business 21815 SOUTHEAST 71ST AVENUE HAWTHORNE, FL 32640 US			Mailing Address 21815 SOUTHEAST 71ST AVENUE HAWTHORNE, FL 32640 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3537283			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLASANTE, ONA M.D. 21115 S.E. 179TH PLACE LOCHLOOSA, FL 32662			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLASANTE, ONA M.D. 21115 S.E. 179TH PLACE LOCHLOOSA, FL 32662 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, DONALD G 1883 STATE ROAD 20 HAWTHORNE, FL 32640 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-30-04 352-481-2400 Date Daytime Phone #		