

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028665

Entity Name: OLYMPIA MEDICAL CENTER, INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

3933 N HAVERHILL RD  
STE 115  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

3933 N HAVERHILL RD  
STE 115  
WEST PALM BEACH, FL 33417

## New Mailing Address:

FEI Number: 65-0906683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTOR, RENES  
1525 STONEHAVEN ESTATE DRIVE  
WEST PALM BEACH, FL 33411 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: P ( ) Delete  
Name: CASTOR, RENES  
Address: 1525 STONEHAVEN ESTATE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

## 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: RENES CASTOR

MD

04/14/2005

Electronic Signature of Signing Officer or Director

Date