

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000071922

FILED
Dec 07, 2012
Secretary of State

Entity Name: POINTE MEDICAL CENTER, INC.

Current Principal Place of Business:

1726 MEDICAL BLVD
SUITE 203
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1726 MEDICAL BLVD
SUITE 203
NAPLES, FL 34110

New Mailing Address:

10027 BOCA CIRCLE
NAPLES, FL 34109

FEI Number: 59-3590652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, GREGORY A
10027 BOCA CIRCLE
NAPLES, FL 34109 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: KNIGHT, GREGORY A
Address: 10027 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DVPS
Name: KNIGHT, LAURA B
Address: 10027 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: AS
Name: KNIGHT, GEREY M
Address: 10027 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: C
Name: KNIGHT, TAYLOR G
Address: 10027 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: LAURA B KNIGHT

DVPS

12/07/2012

Electronic Signature of Signing Officer or Director

Date