

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S68245**

1. Entity Name  
MILITARY TRAIL MEDICAL CENTER, INC.



Principal Place of Business

2695 N. MILITARY TRL  
SUITE 17  
W. PALM BEACH, FL 33409 US

Mailing Address

2695 N MILITARY TRL  
SUITE 17  
W PALM BEACH, FL 33409 US

**DO NOT WRITE IN THIS SPACE**



05202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0277307

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOLTUCH, ROBERT L  
1300 SE RANCH RD  
JUPITER, FL 33478

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

TITLE PD  
NAME BOLTUCH, ROBERT L DO  
STREET ADDRESS 2695 N MILITARY TRAIL # 17  
CITY-ST-ZIP W PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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

5/20/08 511-689-2110  
Date Daytime Phone #