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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V15883** (4)
1. Corporation Name
CONGRESS CROSSINGS MEDICAL CENTER, INC.



Principal Place of Business
**1540 LATHAM RD
WEST PALM BEACH FL 33409**

Mailing Address
**1540 LATHAM RD
WEST PALM BEACH FL 33409-5113**

3. Date Incorporated or Qualified
02/21/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 **4300 Catalfumo Way**
Suite Apt. #, etc.

2a. Mailing Address
26 **4300 Catalfumo Way**
Suite Apt. #, etc.

4. FEI Number
65-0316265

Applied For
☐ Not Applicable

22
City & State
23 **Palm Beach Gardens, FL**
Zip Country
24 **33410** 25 **U.S.A.**

27
City & State
28 **Palm Beach Gardens, FL**
Zip Country
29 **33410** 30 **U.S.A.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CATALFUMO, DANIEL S.
1540 LATHAM RD
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4300 Catalfumo Way
83
84 City **Palm Beach Gardens** FL 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
CATALFUMO, DANIEL S.
1540 LATHAM RD
WEST PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BERRIS, JEFFREY
1540 LATHAM ROAD
WEST PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**4300 Catalfumo Way
Palm Beach Gardens, FL 33410**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel S. Catalfumo 4/23/97 694-2000

CR2E034 (9/96)