

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V72356

FILED
Apr 26, 2005
Secretary of State

Entity Name: OAKLAND PARK MEDICAL CENTER, INC.

Current Principal Place of Business:

2701 WEST OAKLAND PARK BLVD.
SUITE 205
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2701 WEST OAKLAND PARK BLVD.
SUITE 205
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0364643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGER, BRUCE A
% OAK PK MED CTR
2701 W OAKLAND PK BLVD, STE 205
FORT LAUDERDALE, FL 33311 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: VSD () Delete
Name: NAGER, BRUCE A.,
Address: 2701 W. OAKLAND PRK BLVD
City-St-Zip: FORT LAUDERDALE, FL

Title: P () Delete
Name: BECK, BARON D
Address: 2701 W OAKLAND PARK BLVD, STE 205
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE A NAGER

VSD

04/26/2005

Electronic Signature of Signing Officer or Director

Date