

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47901

**FILED**  
**Feb 23, 2018**  
**Secretary of State**  
**CC7918086645**

**Entity Name:** PALM SPRINGS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

685 PALM SPRINGS DRIVE  
STE. #1A  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

685 PALM SPRINGS DRIVE  
STE. #1A  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 58-2103465

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEIGLEY, MARK E.  
685 PALM SPRINGS DRIVE  
STE. #1A  
ALTAMONTE SPRINGS, FL 32701 US

*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

**Officer/Director Detail :**

Title PD  
Name WEIGLEY, MARK E.  
Address 685 PALM SPRINGS DR., #1A  
City-State-Zip: ALTAMONTE SPGS. FL 32701

Title D  
Name BOMMINENI, VASUDEVA  
Address 685 PALM SPRINGS DR., #1B  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DST  
Name SNIFFEN, JASON C  
Address 685 PALM SPRINGS DRIVE #2A  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK E. WEIGLEY

**PRESIDENT**

**02/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date