

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H58488

**Entity Name:** SOUTHGATE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

C/O ZAHID HUSIAN QURESHI  
2201 NE 52ND STREET STE 206  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

C/O ZAHID HUSIAN QURESHI  
2201 NE 52ND STREET STE 206  
LIGHTHOUSE POINT, FL 33064

**FEI Number: 59-2538740**

**Certificate of Status Desired: No**

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

QURESHI, ZAHID HUSIAN  
2201 NE 52ND STREET  
STE 206  
LIGHTHOUSE POINT, FL 33064 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 DP  
Name OURESHI, ZAHID HUSIAN  
Address 2201 NE 52ND STREET STE 206  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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: ZAHID HUSSIAN QURESHI**

**DP**

**03/10/2016**

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

\_\_\_\_\_  
Date