

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081639

Entity Name: SOUTH DIXIE MEDICAL CENTER, INC.

Current Principal Place of Business:

6300 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405

Current Mailing Address:

6300 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405

FEI Number: 20-5063071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAVEZ, DANIEL
6300 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 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 CHAVEZ, DANIEL
Address 6300 SOUTH DIXIE HWY
City-State-Zip: WEST PALM BEACH FL 33405

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: DANIEL CHAVEZ

PD

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date