

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025088

Entity Name: VAN BUREN MEDICAL CENTER, INC.**Current Principal Place of Business:**2600 VAN BUREN ST
HOLLYWOOD, FL 33020**Current Mailing Address:**2600 VAN BUREN ST
HOLLYWOOD, FL 33020**FEI Number:** 65-0577956**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROSS, GREG
400 SE 8 ST
FT LAUDERDALE, FL 33316 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	P
Name	GAY, ALIX, M.D.
Address	2600 VAN BUREN ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	P
Name	GAY ALIX, M.D.
Address	2600 VAN BUREN STREET
City-State-Zip:	HOLLYWOOD FL 33020

Title	P
Name	ALIX GAY, M.D.
Address	2600 VAN BUREN STREET
City-State-Zip:	HOLLYWOOD FL 33020

Title	P
Name	ALIX GAY, M.D.
Address	2600 VAN BUREN STREET
City-State-Zip:	HOLLYWOOD FL 33020

Title	P
Name	ALIX GAY, MD.
Address	2600 VAN BUREN STREET
City-State-Zip:	HOLLYWOOD FL 33020

Title	P
Name	ALIX GAY, M.D.
Address	2600 VAN BUREN STREET
City-State-Zip:	HOLLYWOOD FL 33020

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: ALIX GAY, MD**PRESIDENT****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date