

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 373650

1. Entity Name
PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.



Principal Place of Business
13737 NOEL ROAD
STE 100
DALLAS, TX 75240 US

Mailing Address
13737 NOEL ROAD
STE 100
DALLAS, TX 75240 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

06 MAR 17 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212006 Chg-P CR2E034 (11/05) *Ob*

4. FEI Number
59-1223933

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE AS Delete
NAME MACK, KRISTINA A
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE P Delete
NAME GREGORY, MARY JO
STREET ADDRESS 3360 BURNS ROAD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE T Delete
NAME DENT, DENNIS T
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE SD Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS Change Addition
NAME MäcK; Kristina A
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Change Addition
NAME Sherman, Jeffrey S
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE SD Change Addition
NAME Larsen, Caitlin
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caitlin Larsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caitlin Larsen 2/24/06 469-893-2701
Date Daytime Phone #