

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 No Chg-P CR2E034 (11/05)

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
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1223933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETTIT, DAVID 3360 BURNS ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, CAITLIN M 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

500119548445
03/06/08--01014--025 **150.00

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: Kristina A. Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack, Assistant Secretary, 1/14/08
Phone 469-893-2701