


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0688234 AT

<b>DOCUMENT # 373650</b> 1. Entity Name <b>PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.</b>	
--	---

FILED  
03 APR 17 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3360 BURNS RD PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>C/O MARY H. YUMIBE 3820 STATE STREET LOS ANGELES CA 93105</b>
--	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>3820 State Street</b>  Suite, Apt. #, etc.
---	---

CHECK HERE IF MAKING CHANGES

City & State <b>Santa Barbara, CA</b>	4. FEI Number <b>59-1223933</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>93105</b> Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
---

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE AS NAME <b>LARSEN, CAITLIN M</b> STREET ADDRESS <b>3820 STATE STREET</b> CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>	<input type="checkbox"/> Delete
TITLE P NAME <b>MATTHEWS, D. CLINTON</b> STREET ADDRESS <b>3360 BURNS ROAD</b> CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete
TITLE T NAME <b>DENT, DENNIS T</b> STREET ADDRESS <b>3820 STATE STREET</b> CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>	<input type="checkbox"/> Delete
TITLE DVS NAME <b>SILVER, RICHARD B</b> STREET ADDRESS <b>3820 STATE STREET</b> CITY-ST-ZIP <b>SANTA BARBARA CA 93105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">200017840222</div> 05/01/03--01068--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]* **SIGNATURE REQUIRED** 4/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)