


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 373650 1. Entity Name PALM BEACH GARDENS COMMUNITY HOSPITAL, INC.	
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FILED

04 MAR -3 PM 4:00

Principal Place of Business 3360 BURNS RD PALM BEACH GARDENS, FL 33410 US	Mailing Address C/O MARY H. YUMBE Sherrie Smith 3820 STATE STREET LOS ANGELES, CA 93105
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[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1223933	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	AS LARSEN, CAITLIN M	<input checked="" type="checkbox"/> Delete	TITLE NAME	Asst. Secretary Kristina A. Mack	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE NAME	P MATTHEWS, D. CLINTON	<input checked="" type="checkbox"/> Delete	TITLE NAME	President Mary Jo Gregory	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3360 BURNS ROAD		STREET ADDRESS	3360 Burns Road	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE NAME	T DENT, DENNIS T	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	500029822425	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	03/03/04--01062--001 **17636.25	
TITLE NAME	DVS SILVER, RICHARD B	<input checked="" type="checkbox"/> Delete	TITLE NAME	Director/Secretary Caitlin M. Larsen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04

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