

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90025 021 ***150.00

DOCUMENT # P99000084563 1. Entity Name ST. LUKE'S COMMUNITY PHYSICIANS, INC.					
Principal Place of Business 4205 BELFORT RD. SUITE 2065 JACKSONVILLE, FL 32216			Mailing Address 4205 BELFORT RD. SUITE 2065 JACKSONVILLE, FL 32216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3599178			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 GASSMAN, ALAN S ESQ 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOWERS, STEPHEN A 4205 BELFORT RD STE 2065 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph, Bradford 4205 Belfort Road, Suite 2065 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, WENDELL 1842 HICKMAN RD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Katherine Billingsley 12276 San Jose Blvd Bldg 400 Suite 401 Jacksonville FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REBANACK, PAUL 6871 BELFORT OAKS PLACE # 300 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jamal Salameh PO Box 57189 Jacksonville, Florida 32241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, MICHAEL 4205 BELFORT RD 2065 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <i>Michael S. Cunningham</i> Michael S. Cunningham, MD Treasurer 1/7/05 (904) 296-2631 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					