

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49062

**Entity Name:** ST. LUKE'S CENTER, INC.

**Current Principal Place of Business:**

7707 NW 2ND AVE  
MIAMI, FL 33150

**Current Mailing Address:**

1505 NE 26 ST  
WILTON MANORS, FL 33305

**FEI Number:** 59-1279497

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WENSKI, THOMAS GARCHBIS  
Address 1505 NE 26 ST  
City-State-Zip: WILTON MANORS FL 33305

Title CEO  
Name TURCOTTE, RICHARD PHD  
Address 1505 NE 26 ST  
City-State-Zip: WILTON MANORS FL 33305

Title CFO  
Name JONES, JONES  
Address 1505 NE 26 ST  
City-State-Zip: WILTON MANORS FL 33305

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD TURCOTTE

**CHIEF EXECUTIVE  
OFFICER**

**03/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date