

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022500

Entity Name: ST. LUKE'S LIFE CENTER, INC.**Current Principal Place of Business:**910 W QUINCY ST
LAKELAND, FL 33815**Current Mailing Address:**910 W QUINCY ST
LAKELAND, FL 33815 US**FEI Number:** 20-2325766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, ARTHUR L. SR.
910 W QUINCY ST
LAKELAND, FL 33815 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:** ARTHUR L. JOHNSON, SR.

03/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	JOHNSON, ARTHUR L. SR.
Address	910 W QUINCY ST
City-State-Zip:	LAKELAND FL 33815

Title	VD
Name	JOHNSON, CLARISE
Address	910 W QUINCY ST
City-State-Zip:	LAKELAND FL 33815

Title	D
Name	ENGLISH, ROBERT
Address	624 CRESCENT HIOLLS PLACE
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	GREGORY, JESSIE
Address	2923 N MARTHA AVE
City-State-Zip:	LAKELAND FL 33805

Title	DIR
Name	LUCAS, SHELA
Address	3532 LORI LANE N
City-State-Zip:	LAKELAND FL 33801

Title	DIR
Name	COLLINS, ALICIA
Address	6670 CHIANTI AVE
City-State-Zip:	LAKELAND FL 33811

Title	DIR
Name	COLLINS, SERGIO
Address	6670 CHIANTI AVE
City-State-Zip:	LAKELAND FL 33811

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR L. JOHNSON , SR.

PRESIDENT

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date