

2015 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**FEI Number:** 20-2325766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, ARTHUR LSR
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	JOHNSON, ARTHUR LSR
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	DAVIS, KAY A
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	HOSKINS, ARTHUR J
Address	715 TEXAS AVE
City-State-Zip:	LAKELAND FL 33815

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

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: JOHNSON , ARTHUR LSR

PD

01/13/2015

Electronic Signature of Signing Officer/Director Detail_____
Date