2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 703251

Entity Name: ST. THOMAS UNIVERSITY, INC.

Current Principal Place of Business:

% NORMAN A. BLAIR
16400 NORTHWEST 32ND AVENUE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

% NORMAN A. BLAIR
16400 NORTHWEST 32ND AVENUE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 59-0949880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CASALE, FRANKLYN M REV MSG	
Address:	16400 N.W. 32ND. AVENUE	
City-St-Zip:	MIAMI, FL 33054	
Title:	CT	( ) Delete
Name:	MACHADO, ANN P	
Address:	7700 N. KENDALL DR., #300	
City-St-Zip:	MIAMI, FL 33156	
Title:	VCT	( ) Delete
Name:	MCDONALD, JAMES E	
Address:	200 S. BISCAYNE BLVD., #3410	
City-St-Zip:	MIAMI, FL 33131	
Title:	ST	( ) Delete
Name:	MCKEE, ROBERT J	
Address:	700 S.E. 3RD AVE., #100	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	VP	( ) Delete
Name:	BLAIR, NORMAN A	
Address:	16400 N.W. 32ND AVE.	
City-St-Zip:	MIAMI, FL 33054	
Title:	T	( ) Delete
Name:	HENNESSEY, WILLIAM J REV MSG	
Address:	9401 BISCAYNE BLVD.	
City-St-Zip:	MIAMI SHORES, FL 33138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CT	(X) Change ( ) Addition
Name:	SWIENTON, GREGORY T	
Address:	3600 N.W. 82 AVENUE	
City-St-Zip:	MIAMI, FL 33166	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN A. BLAIR MR. 01/06/2004
Electronic Signature of Signing Officer or Director — Date