

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746542

FILED
Jul 25, 2007
Secretary of State

Entity Name: ST. LUKE, THE PHYSICIAN, INC.

Current Principal Place of Business:

12355 SW 104TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12355 SW 104TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-1959487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOPKINS, JACQUELINE
19810 HOLIDAY ROAD
MIAMI, FL 33157 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: OLSON, CORINNA
Address: 8888 SW 131 COURT, APT. 205
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: ORJI, EZEKIEL
Address: 11112 SW 129 PL
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: WALKER, ANA MARIA
Address: 11345 SW 133 COURT, APT. 4
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: RODRIGUEZ, ORLANDO
Address: 15746 SW 99 TERR
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: LAZARUS, FRED
Address: 11837 SW 99 LANE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CONWAY, LINDA
Address: 7803 SW 135 PLACE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ROBINSON, MARGIE
Address: 13881 SW 157 COURT
City-St-Zip: MIAMI, FL 33196

Title: S (X) Change () Addition
Name: GORDON, BARBARA
Address: 15216 SW 164 STREET
City-St-Zip: MIAMI, FL 33187

Title: D (X) Change () Addition
Name: LAZARUS, FRED
Address: 11837 SW 99 LANE
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: WALKER, ANA MARIA
Address: 11345 SW 133 COURT, #4
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRED LAZARUS

D

07/25/2007

Electronic Signature of Signing Officer or Director

Date