

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746542

FILED  
Jul 02, 2008  
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:

ROBINSON, MARGIE  
13881 SW 157CT  
MIAMI, FL 33196      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: MARGIE ROBINSON

07/02/2008

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: ROBINSON, MARGIE  
Address: 13881 SW 157 COURT  
City-St-Zip: MIAMI, FL 33196

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

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

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

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

Title: D      (X) Change ( ) Addition  
Name: CHIN-LOY, BARBARA  
Address: 14350 SW 68 STREET  
City-St-Zip: MIAMI, FL 33183

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

Title: D      (X) Change ( ) Addition  
Name: ORJI, EZEKLEL  
Address: 11112 SW 129 PLACE  
City-St-Zip: MIAMI, FL 33186

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: BARBARA CHIN-LOY

D

07/02/2008

Electronic Signature of Signing Officer or Director

Date