

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746542

FILED
May 29, 2009
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:

ROBINSON, MARGIE
13881 SW 157CT
MIAMI, FL 33196 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: 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: CHIN-LOY, BARBARA
Address: 14350 SW 68 STREET
City-St-Zip: MIAMI, FL 33183

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

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

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

Title: D (X) Change () Addition
Name: ORTEGA, MARIA L
Address: 9110 SW 147TH. COURT
City-St-Zip: MIAMI, FL 33196

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: MARIA L. ORTEGA

D

05/29/2009

Electronic Signature of Signing Officer or Director

Date