

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746542

**FILED**  
**Apr 15, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WALKER, ANAMARIA  
11345 SW 133 CT.  
#4  
MIAMI, FL 33186 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: ANAMARIA WALKER

04/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLSON, CORINNA  
Address: 8888 SW 131 COURT, APT. 205  
City-St-Zip: MIAMI, FL 33186

Title: VD  
Name: WALKER, ANAMARIA  
Address: 11345 SW 133 CT.  
City-St-Zip: MIAMI, FL 33186

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANAMARIA WALKER

VD

04/15/2010

Electronic Signature of Signing Officer or Director

Date