

2004 FOR PROFIT CORPORATION ANNUAL REPORT

10F2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -5 AM 11:55

DOCUMENT # H14620

1. Entity Name
ST. LUKE'S ENTERPRISES, INC.



Principal Place of Business
4201 BELFORT ROAD
JACKSONVILLE, FL 32216

Mailing Address
4201 BELFORT ROAD
JACKSONVILLE, FL 32216



02262004 No Chg-P CR2E034 (10/03)

415

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2723545

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOANNE
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000104231
04/05/04-80089-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HOFFMAN, MARY
STREET ADDRESS	4201 BELFORT RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VCD
NAME	WALTERS, ROBERT M
STREET ADDRESS	4500 SAN PABLO RD
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	CD
NAME	BARTLEY, GEORGE B M.D.
STREET ADDRESS	4500 SAN PABLO ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SD
NAME	HUBER, HAROLD
STREET ADDRESS	4201 BELFORT RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 (904) 953-2146
Date Daytime Phone #

**ST. LUKE'S ENTERPRISES (SLE)
OFFICERS/BOARD MEMBERS**

George B. Bartley, M.D.
Robert M. Walters
Mary J. Hoffman
Harold Huber

Chair, Director
Vice Chair, Director
Treasurer, Director
Secretary, Director