


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

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
--	--



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2723545	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

U00000535199
05/08/06-80044-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert F. Brigham Robert F. Brigham 4/25/06 (904) 953-2146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #