

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95613

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: FT. PIERCE MEDICAL CENTER, INC.

## Current Principal Place of Business:

1801 SOUTH 23RD STREET  
SUITE 2  
FT. PIERCE, FL 34950

## New Principal Place of Business:

## Current Mailing Address:

7307 ELYSE CIR.  
PORT SAINT LUCIE, FL 34952

## New Mailing Address:

FEI Number: 65-0020216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENEMERITO, E.Z.  
7307 GLYSE CIRLCE  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

BENEMERITO, E.Z.  
7307 ELYSE CIRLCE  
PORT SAINT LUCIE, FL 34952 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: \_\_\_\_\_

07/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BENEMERITO, E. Z.,  
Address: 1801 SOUTH 23RD STREET, #2  
City-St-Zip: FT. PIERCE, FL 34950

Title: VP ( ) Delete  
Name: LAROYA, PRUDENCIO E  
Address: 1801 SOUTH 23RD STREET, #2  
City-St-Zip: FT. PIERCE, FL 34950

Title: SD ( ) Delete  
Name: FLORES, GERARD Q.,  
Address: 1801 SOUTH 23RD STREET, #2  
City-St-Zip: FT. PIERCE, FL 34950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: LAROYA, PRUDENCIO E  
Address: 1801 SOUTH 23RD STREET, #3  
City-St-Zip: FT. PIERCE, FL 34950

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

SIGNATURE: E. Z. BENEMERITO

P D

07/09/2007

Electronic Signature of Signing Officer or Director

Date