


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J95613</b> 1. Entity Name FT. PIERCE MEDICAL CENTER, INC.	
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Principal Place of Business  
1801 SOUTH 23RD STREET  
SUITE 2  
FT. PIERCE, FL 34950

Mailing Address  
7307 ELYSE CIR.  
PORT SAINT LUCIE, FL 34952



05192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0020216</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000952742  
06/04/08 80033 015 550.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD BENEMERITO, E. Z. 1801 SOUTH 23RD STREET, #2 FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP LAROYA, PRUDENCIO E 1801 SOUTH 23RD STREET, #3 FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD FLORES, GERARD Q. 1801 SOUTH 23RD STREET, #2 FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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 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:**

*E.Z. BENEMERITO*

*E.Z. Benemerito*

*5/23/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #