2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# J95613

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 ELYSE CIRLCE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BENEMERITO, E. Z.
Address: 7307 ELYSE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34952

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

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

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

SIGNATURE: E.Z. BENEMERITO M.D. 03/15/2011

Electronic Signature of Signing Officer or Director Date