

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # NQ2000004413	
1. Entity Name SAINT LUKE SOCIETY OF SOUTH FLORIDA, INC.	

Principal Place of Business 4725 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	Mailing Address 4725 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308
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03062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DISSETTE, MARK 4725 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33308

**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 re-registering) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

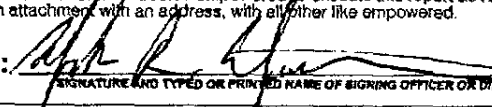
**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, MARY SISTER 4725 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPERSMITH, EDWARD M MD 5333 N DIXIE HIGHWAY OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGENNARO, VINCENT A MD 1060 NE 47TH ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROLE, RICHARD K MD 1900 E COMMERCIAL BLVD STE 101 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONSTAD, G DAVID MD 1930 NE 47TH ST STE 205 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, CHARLES F III MD 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308

000000465175
03/22/06-80023-011 61.25

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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 617, 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

3/6/06 854-351-7868
Date Daytime Phone #