2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000004413

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

Principal Place of Business	Mailing Address
4725 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	4725 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

03062006 No Chg-NP CR2E037 (11/05)

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 reinstating) 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	D
NAME	O'BRIEN, MARY SISTER
STREET ADDRESS	4725 N FEDERAL HIGHWAY
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	COOPERSMITH, EDWARD M MD
STREET ADDRESS	5333 N DIXIE HIGHWAY
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	D
NAME	DEGENNARO, VINCENT A MD
STREET ADDRESS	1960 NE 47TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	MASTROLE, RICHARD K MD
STREET ADDRESS	1900 E COMMERCIAL BLVD STE 101
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	ONSTAD, G DAVID MD
STREET ADDRESS	1930 NE 47TH ST STE 205
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	TATE, CHARLES F III MD
STREET ADDRESS	4725 N FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE, FL 33308

D00000465175
03/22/06-80023-011 61.25

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 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: _____ 3/6/06 954-351-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #