

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004413	
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



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000598754
01/24/07-80088-015 61.25

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 1960 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

**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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK DISSETTE

1/16/07

Date

954-351-7868

Daytime Phone #