


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004413</b> 1. Entity Name <b>SAINT LUKE SOCIETY OF SOUTH FLORIDA, INC.</b>	
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Principal Place of Business <b>4725 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308</b>	Mailing Address <b>4725 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308</b>
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01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000732019  
01/23/08-80101-008 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08

Date

Daytime Phone #