

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004413

FILED
Feb 06, 2009
Secretary of State

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

Current Principal Place of Business:

4725 N. FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4725 N. FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISSETTE, MARK
4725 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

SEGARRA, JOHNNY
4725 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308 US

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: JOHNNY SEGARRA

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'BRIEN, MARY SISTER
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: COOPERSMITH, EDWARD M MD
Address: 5333 N DIXIE HIGHWAY
City-St-Zip: OAKLAND PARK, FL

Title: D (X) Delete
Name: DEGENNARO, VINCENT A MD
Address: 1960 NE 47TH ST
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: MASTROLE, RICHARD K MD
Address: 1900 E COMMERCIAL BLVD STE 101
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: ONSTAD, G DAVID MD
Address: 1930 NE 47TH ST STE 205
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: TATE, CHARLES F III MD
Address: 4725 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TATE, CHARLES F III MD
Address: 4725 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY SEGARRA

RA

02/06/2009

Electronic Signature of Signing Officer or Director

Date