

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009495

FILED
Apr 26, 2012
Secretary of State

Entity Name: SAINT LUKE'S COPTIC MEDICAL CENTER, INC.

Current Principal Place of Business:

1970 NORTH COUNTY ROAD 426
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2872 HAZEL GROVE LN
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 01-0932659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDROS, MEDHAT DR.
11009 HAWKSHEAD COURT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BEDROS, MEDHAT DR.
Address: 11009 HAWKSHEAD COURT
City-St-Zip: WINDERMERE, FL 34786

Title: DS
Name: TAWADROUS, DAOUD FR.
Address: 1016 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: SAMAAAN, MAGED DR.
Address: 1931 ELKHORN COURT
City-St-Zip: LONGWOOD, FL 32750

Title: D
Name: IBRAHIM, MAGUED DR.
Address: 1750 BRACKENHURST PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: BANOOB, NARGIS
Address: 2135 W. BUSH BLVD.
City-St-Zip: TAMPA, FL 33612

Title: D
Name: KAMEL, EMAD
Address: 7 DORADO BEACH CT
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: MEDHAT BEDROS

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date