

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 02, 2010**  
**Secretary of State**

DOCUMENT# N49062

**Entity Name:** ST. LUKE'S CENTER, INC.**Current Principal Place of Business:**7707 NW 2ND AVE  
MIAMI, FL 33150**New Principal Place of Business:****Current Mailing Address:**1505 NE 26 ST  
WILTON MANORS, FL 33305**New Mailing Address:****FEI Number:** 59-1279497**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134 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: PD  
Name: FAVALORA, JOHN C REV  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL

Title: TD  
Name: CASCIATO, MICHAEL A  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD  
Name: MARIN, REV TOMAS M  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: CEO  
Name: TURCOTTE, RICHARD PH.D  
Address: 1505 NE 26 ST  
City-St-Zip: WILTON MANORS, FL 33138

Title: VSD  
Name: SERRANO, JULIAN ED.D  
Address: 1505 NE 26 ST  
City-St-Zip: WILTON MANORS, FL 33305

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: MICHAEL A. CASCIATO

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03/02/2010

Electronic Signature of Signing Officer or Director

Date