

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108966

FILED
Jul 21, 2005
Secretary of State

Entity Name: ST. MICHAEL MEDICAL CENTER, INC.

Current Principal Place of Business:

14940 W 49 PL STE 340
HIALEAH, FL 33012

New Principal Place of Business:

620 NE 128TH STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

14940 W 49 PL STE 340
HIALEAH, FL 33012

New Mailing Address:

620 NE 128TH STREET
NORTH MIAMI, FL 33161

FEI Number: 01-0554085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMAIRE, JOSEPH M
14940 W 49 PL STE 340
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

LEMAIRE, JOSEPH M
620 NE 128TH STREET
NORTH MIAMI, FL 33161 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: JOSEPH LEMAIRE

07/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMAIRE, JOSEPH M
Address: 14940 W 49 PL STE 340
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEMAIRE, JOSEPH M
Address: 620 NE 128TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LEMAIRE

PD

07/21/2005

Electronic Signature of Signing Officer or Director

Date