

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099771

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

**Entity Name:** ST. LUKE HEART INSTITUTE, INC.

**Current Principal Place of Business:**

14533 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

14533 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 42-1557400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MATHEWS, THOMAS  
18643 AVE. CAPRI  
LUTZ, FL 33558 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: MATHEWS, THOMAS  
Address: 18643 AVENUE CAPRI  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MATHEWS

DR

01/26/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date