

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099771

**FILED**  
**Jan 03, 2012**  
**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:**

14533 CORTEZ BLVD.  
BROOKSVILLE, FL 34613 US

**Current Mailing Address:**

14533 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**New Mailing Address:**

14533 CORTEZ BLVD.  
BROOKSVILLE, FL 34613 US

**FEI Number:** 42-1557400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

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

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

SIGNATURE: THOMAS MATHEWS

DR.

01/03/2012

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

\_\_\_\_\_ Date