

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

MARK-10
AV

03-24-2003 90205 020 ***150.00

DOCUMENT # P02000099771

1. Entity Name
ST. LUKE HEART INSTITUTE, INC.



Principal Place of Business
~~14533 CORTEZ Blvd.~~ **14533 CORTEZ Blvd.**
~~BROOKSVILLE~~ **BROOKSVILLE**
~~FL 34613~~ **FL 34613**

Mailing Address
~~14533 CORTEZ Blvd.~~ **14533 CORTEZ Blvd.**
~~BROOKSVILLE~~ **BROOKSVILLE**
~~FL 34613~~ **FL 34613**



2. Principal Place of Business
14533 CORTEZ Blvd
Suite, Apt. #, etc.
BROOKSVILLE
City & State
BROOKSVILLE FL
Zip
34613 Country

3. Mailing Address
14533 CORTEZ Blvd
Suite, Apt. #, etc.
BROOKSVILLE
City & State
BROOKSVILLE FL
Zip
34613 Country

CHECK HERE IF MAKING CHANGES

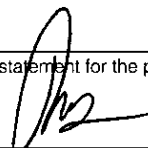
4. FEI Number **42-1557400** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KALLAN, JEFFREY J ESQUIRE
150 SECOND AVENUE NORTH STE 1100
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
Name **THOMAS MATHEWS**
Street Address (P.O. Box Number is Not Acceptable)
18643 AVENUE CAPRI
LUTZ
City **LUTZ** State **FL** Zip Code **33558**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **THOMAS-MATHEWS · M · D** DATE **3/16/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, THOMAS 18643 AVENUE CAPRI LUTZ FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **3/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)