

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114623

Entity Name: ST. JUDE HEALTH CARE, INC.

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

6356 MANOR LANE, SUITE 101  
SOUTH MIAMI, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

6356 MANOR LANE, SUITE 101  
SOUTH MIAMI, FL 33143

## New Mailing Address:

FEI Number: 20-3330337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENRIQUEZ, HILDA  
5783 SW 40TH ST., STE. 158  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

GINSPARG, NORMAN J  
12221 WEST DIXIE HIGHWAY  
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: NORMAN GINSPARG

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ENRIQUEZ, HILDA  
Address: 5783 SW 40TH ST., STE. 158  
City-St-Zip: MIAMI, FL 33155

Title: VPD (X) Delete  
Name: TRUJILLO, IRENE  
Address: 6356 MANOR LANE, SUITE 101  
City-St-Zip: SOUTH MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TRUJILLO, IRENE  
Address: 6356 MANOR LANE, SUITE 101  
City-St-Zip: SOUTH MIAMI, FL 33143

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: IRENE TRUJILLO

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04/14/2008

Electronic Signature of Signing Officer or Director

Date