

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000114623

Entity Name: ST. JUDE HEALTH CARE, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8787 SW 132ND STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8787 SW 132ND STREET  
MIAMI, FL 33176

**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:**

TRUJILLO, IRENE  
6356 MANOR LANE, SUITE 101  
SOUTH MIAMI, FL 33143 US

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

TRUJILLO, IRENE  
8787 SW 132ND STREET  
MIAMI, FL 33176 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: IRENE TRUJILLO

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TRUJILLO, IRENE  
Address: 8787 SW 132ND STREET  
City-St-Zip: MIAMI, FL 33176

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: IRENE TRUJILLO

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date