


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 043 ***150.00

DOCUMENT # P07000030563	
1. Entity Name ST. ANNE MEDICAL CENTER INC.	

Principal Place of Business 6620 LAKE WORTH RD. LAKE WORTH, FL 33467	Mailing Address 6620 LAKE WORTH RD. LAKE WORTH, FL 33467
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40110315



2. Principal Place of Business - No P.O. Box # 1495 Forest Hill Blvd	3. Mailing Address 1495 Forest Hill Blvd
Suite, Apt. #, etc. G	Suite, Apt. #, etc. G

07082008 Chg-P CR2E034 (12/06)

City & State Lake Clarke Shores	City & State Lake Clarke Shores	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33406	Country USA	Zip 33406	Country USA

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

6. Name and Address of Current Registered Agent DEROSIER, JOSUE 5760 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEROSIER, JOSUE 5760 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORINO, JANNA MARIA 6620 LAKE WORTH RD. LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 exemptions contained 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 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: *Josue Derosier* **7.8.08** **5619650009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #