

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2008 90017 043 \*\*\*150.00

**40110315**



07082008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000030563</b> 1. Entity Name <b>ST. ANNE MEDICAL CENTER INC.</b>					
Principal Place of Business <b>6620 LAKE WORTH RD. LAKE WORTH, FL 33467</b>			Mailing Address <b>6620 LAKE WORTH RD. LAKE WORTH, FL 33467</b>		
2. Principal Place of Business - No P.O. Box # <b>1495 Forest Hill Blvd</b>		3. Mailing Address <b>1495 Forest Hill Blvd</b>			
Suite, Apt. #, etc. <b>G</b>		Suite, Apt. #, etc. <b>G</b>			
City & State <b>Lake Clarke Shores</b>		City & State <b>Lake Clarke Shores</b>			
Zip <b>33406</b>		Country <b>USA</b>		Zip <b>33406</b>	
Country <b>USA</b>		4. FEI Number <div style="float: right;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>DEROSIER, JOSUE 5760 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> <b>FL</b> Zip Code         </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEROSIER, JOSUE</b> <b>5760 STRAWBERRY LAKES CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STORINO, JANNA MARIA</b> <b>6620 LAKE WORTH RD.</b> <b>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1495 Forest Hill Blvd STE G</b> <b>Lake Clarke Shores, FL 33406</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>7.8.08</b> <b>5619650009</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		