

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 30, 2009  
Secretary of State**

DOCUMENT# P07000030563

Entity Name: ST. ANNE MEDICAL CENTER INC.

**Current Principal Place of Business:**

1495 FOREST HILL BLVD  
G  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1495 FOREST HILL BLVD  
G  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

DEROSIER, JOSUE  
5760 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463 US

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

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: JOSUE DEROSIER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: DEROSIER, JOSUE  
Address: 5760 STRAWBERRY LAKES CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: P ( ) Delete  
Name: STORINO, JANNA MARIA  
Address: 1495 FOREST HILL BLVD STE G  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSUE DEROSIER

Electronic Signature of Signing Officer or Director

V

09/30/2009

Date