

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030563

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**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:** 75-3233746      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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: JOSUE DEROSIER

V

02/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date