

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030563

FILED
Jul 28, 2011
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 ()

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

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: JANNA STORINO

P

07/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date