

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000008373

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** SACRED HEART FAMILY HEALTH CENTER INC

**Current Principal Place of Business:**

301 SE 1ST ST  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

301 SE 1ST ST  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 30-0474978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JEAN-BAPTISTE, LYONEL MD  
301 SE 1ST STREET  
BELLE GLADE, FL 33430 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: ADM  
Name: JEAN-BAPTISTE, LYONEL MD  
Address: 301 SE 1ST STREET  
City-St-Zip: BELLE GLADE, FL 33430

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: LYONEL JEAN-BAPTISTE , MD

OWNE

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date