


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000044904 (7)**

1. Corporation Name  
**ST. LUKE'S MEDICINE CENTER, INC.**



Principal Place of Business <b>P O BOX 273762</b> <b>TAMPA FL 33688-3762</b>	Mailing Address <b>P O BOX 273762</b> <b>TAMPA FL 33688-3762</b>
--	--

<b>2. Principal Place of Business</b> <b>21 3105 W. Waters Ave.</b> Suite, Apt. #, etc. <b>22 Suite 107</b> City & State <b>23 Tampa FL</b> Zip <b>24 33614</b>		<b>2a. Mailing Address</b> <b>26 3105 W. Waters Ave</b> Suite, Apt. #, etc. <b>27 107 Suite.</b> City & State <b>28 Tampa FL</b> Zip <b>29 33614</b>		<b>3. Date Incorporated or Qualified</b> <b>06/02/1995</b>		<b>3a. Date of Last Report</b> 	
<b>4. FEI Number</b> <b>59-3315679</b>		Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>					
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>					
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

<b>9. Name and Address of Current Registered Agent</b> <b>MILLER, J. TODD</b> <b>16514 HANNA RD</b> <b>LUTZ FL 33549</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
---	--	--	--	--	--	--	--

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE *J. Todd Miller* **J. Todd Miller** **6-25-96**

<b>12. OFFICERS AND DIRECTORS</b> TITLE <b>DP</b> <input checked="" type="checkbox"/> DELETE NAME <b>MORGENROTH, ROBERT</b> STREET ADDRESS <b>17734 LAKE KEY DR</b> CITY - ST - ZIP <b>ODESSA FL 33556</b> TITLE <b>DV</b> <input type="checkbox"/> DELETE NAME <b>MILLER, J. TODD</b> STREET ADDRESS <b>16514 HANNA RD</b> CITY - ST - ZIP <b>LUTZ FL 33549</b> TITLE <b>S</b> <input checked="" type="checkbox"/> DELETE NAME <b>MORGENROTH, ROBERT</b> STREET ADDRESS <b>3105 W WATERS AVE</b> CITY - ST - ZIP <b>TAMPA FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>J. Todd Miller</b> 1.3 STREET ADDRESS <b>16514 Hanna Rd.</b> 1.4 CITY - ST - ZIP <b>Lutz FL 33549</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>J. Todd Miller</b> 3.3 STREET ADDRESS <b>16514 Hanna Rd</b> 3.4 CITY - ST - ZIP <b>Lutz FL 33549</b> 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
---	--	--	--	--	--	--	--

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

SIGNATURE: *J. Todd Miller* **J. Todd Miller** **6-25-96** **813930-9733**

CR2E034 (3/96)