

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084563

FILED
Jan 24, 2008
Secretary of State

Entity Name: ST. LUKE'S COMMUNITY PHYSICIANS, INC.

Current Principal Place of Business:

4205 BELFORT RD.
SUITE 2065
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4205 BELFORT RD.
SUITE 2065
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3599178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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: P () Delete
Name: STOWERS, STEPHEN MD
Address: 4205 BELFORT ROAD, #2065
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: SALAMEH, JAMAL MD
Address: P.O. BOX 57189
City-St-Zip: JACKSONVILLE, FL 32241

Title: S () Delete
Name: LISSKA, LAWRENCE MD
Address: 4130 SALISBURY ROAD NORTH, STE. 1900
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: REBENACK, PAUL MD
Address: 4205 BELFORT ROAD, SUITE 2080
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEPHEN A. STOWERS, MD

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date