

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084563

FILED  
Jan 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4205 BELFORD RD.  
SUITE 2065  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4205 BELFORD 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 BELFORD 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 BELFORD 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

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date