

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003143

**Entity Name:** ST LUKE COPTIC MEDICAL CENTER, INC

**Current Principal Place of Business:**

2112 W. RAMBLA STREET  
TAMPA, FL 33612

**Current Mailing Address:**

2135 W. BUSCH BLVD.  
TAMPA, FL 33612

**FEI Number:** 46-2452260

**Certificate of Status Desired:** No

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

ZAKHARY, ATEF MD  
2135 W BUSCH BLVD  
TAMPA, FL 33612 US

*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:** ATEF ZAKHARY

04/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	O	Title	P
Name	ESKAROUS, BOTROS	Name	ZAKHARY, ATEF MD
Address	2135 W BUSCH BLVD	Address	2135 W BUSCH BLVD
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

Title	VP
Name	GHALY, YOUSSEF MD
Address	2135 W BUSCH BLVD
City-State-Zip:	TAMPA FL 33612

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ATEF ZAKHARY

P

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date