| me | GHALY, YOUSSEF MD |
|--------------|-------------------|
| dress | 2135 W BUSCH BLVD |
| y-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.

Ρ

SIGNATURE: ATEF ZAKHARY

Electronic Signature of Signing Officer/Director Detail

TAMPA, FL 33612

Name and Address of Current Registered Agent:

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

City

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 | | | 03/22/2014 | | |
|---------------------------|--|-----------------|-------------------|------------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | 0 | Title | Р | | | |
| 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 | | | | | |

FEI Number: 46-2452260

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.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N13000003143

Mar 22, 2014 Secretary of State CC3531817503

Certificate of Status Desired: No

FILED

03/22/2014

Date