

2014 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

03/22/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title P
Name ZAKHARY, ATEF MD
Address 2135 W BUSCH BLVD
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

03/22/2014

Electronic Signature of Signing Officer/Director Detail

Date