

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007122

Entity Name: SAINT MARTIN DE PORRES MEDICAL CENTER, INC.**Current Principal Place of Business:**6035 S.W. 54TH STREET
SUITE 101
OCALA, FL 34474**Current Mailing Address:**6035 S.W. 54TH STREET
SUITE 101
OCALA, FL 34474 US**FEI Number:** 47-2071388**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JIMENEZ, LUIS A
6035 S.W. 54TH STREET
SUITE 101
OCALA, FL 34474 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT/DIRECTOR
Name	JIMENEZ, LUIS A.
Address	6035 S.W. 54TH STREET SUITE 101
City-State-Zip:	OCALA FL 34474

Title	SECRETARY/TREASURER/DIRECTOR
Name	JIMENEZ, KATRINA M.
Address	6035 S.W. 54TH STREET SUITE 101
City-State-Zip:	OCALA FL 34474

Title	DIRECTOR
Name	O'DOHERTY, PATRICK J.
Address	6035 S.W. 54TH STREET SUITE 101
City-State-Zip:	OCALA FL 34474

Title	DIRECTOR
Name	STEINER, LOIS JEAN
Address	6035 S.W. 54TH STREET SUITE 101
City-State-Zip:	OCALA FL 34474

Title	DIRECTOR
Name	SCHIRGER, JOHN A.
Address	6035 S.W. 54TH STREET SUITE 101
City-State-Zip:	OCALA FL 34474

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: LUIS A. JIMENEZ

PRESIDENT

08/12/2017

Electronic Signature of Signing Officer/Director Detail_____
Date