

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011307

**Entity Name:** ST. MARY CLINIC, INC.

**Current Principal Place of Business:**

15450 LYONS RD.  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

15450 LYONS RD.  
DELRAY BEACH, FL 33446 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARRERO, SUMMER  
15450 LYONS RD.  
DELRAY BEACH, FL 33446 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:** SUMMER MARRERO

08/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUS  
Name YOUSSEF, H G BISHOP  
Address P.O. BOX 1005  
City-State-Zip: COLLEYVILLE TX 76034

Title TRUS  
Name GUIRGUIS, JOSEPH G  
Address 4951 S. WASHINGTON AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title TRUS  
Name AZIZ ABDOU, FATHER MIKHAIL  
Address 15450 LYONS RD.  
City-State-Zip: DELRAY BEACH FL 33446

Title TRUS  
Name HANNA, KARIM M.D.  
Address 8523 HEYWARD RD.  
City-State-Zip: TAMPA FL 33636

*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:** AZIZ ABDOU, FATHER MIKHAIL

**DIRECTOR & PRIEST**

08/12/2020

Electronic Signature of Signing Officer/Director Detail

Date