

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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

10/18/2019

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

TRUS

10/18/2019

Electronic Signature of Signing Officer/Director Detail

Date