

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000003959

**Entity Name:** ST. LUKE CLINIC OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

10679 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10679 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 93-3245867

**Certificate of Status Desired:** No

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

AMIR YOUNAN, A.K.A. FATHER PHILOPATEER YOUNAN  
10679 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257 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 T  
Name H G BISHOP YOUSSEF  
Address P.O. BOX 1005  
City-State-Zip: COLLEYVILLE TX 76034

Title T  
Name BISHOP BASIL  
Address 4951 S. WASHINGTON AVE  
City-State-Zip: TITUSVILLE FL 32780

Title T  
Name AMIR YOUNAN, AKA FATHER  
PHILAPATEER YOUNAN  
Address 10679 OLD ST AUGUSTINE RD  
City-State-Zip: JACKSONVILLE FL 32257

Title T  
Name MICHAEL NICOULA, M.D., A.K.A.  
FATHER FAM N  
Address 518 CREEKSIDE COURT  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** AMIR YOUNAN, A.K.A. FATHER PHILOPATEER  
YOUNAN

**REGISTERED AGENT**

**02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date