

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000081712

**Entity Name:** ST. MARY'S SCHOOL OF MEDICINE FOUNDATION, INC.

**Current Principal Place of Business:**

20533 BISCAYNE BLVD.  
PMB #1315  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD.  
PMB #1315  
AVENTURA, FL 33180

**FEI Number:** 65-1035809

**Certificate of Status Desired:** No

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

SINGER, BERNARD A  
3107 STIRLING ROAD SUITE #105  
FORT LAUDERDALE, FL 33312 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 D  
Name HUBBART, DWANE  
Address 20533 BISCAYNE BLVD.# 1315  
City-State-Zip: AVENTURA FL 33180

Title D  
Name GOVENDER, KAMANI  
Address 20533 BISCAYNE BLVD. # 1315  
City-State-Zip: AVENTURA FL 33180

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAMANI GOVENDER

D

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date