

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000108966

**Entity Name:** ST. MICHAEL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

12595 NE 7TH AVE.  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

12595 NE 7TH AVE.  
NORTH MIAMI, FL 33161

**FEI Number:** 01-0554085

**Certificate of Status Desired:** No

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

LEMAIRE, JOSEPH M  
12595 NE 7TH AVE.  
NORTH MIAMI, FL 33161 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            LEMAIER, JOSEPH M  
Address        12595 NE 7TH AVE.  
City-State-Zip: NORTH MIAMI FL 33161

*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:** JOSEPH LEMAIER

PR

03/24/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date