

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000030563

**Entity Name:** ST. ANNE MEDICAL CENTER INC.

**Current Principal Place of Business:**

1495 FOREST HILL BLVD  
G  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1495 FOREST HILL BLVD  
G  
WEST PALM BEACH, FL 33406

**FEI Number:** 75-3233746

**Certificate of Status Desired:** No

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

DEROSIER, JOSUE  
5760 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463 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            V  
Name            DEROSIER, JOSUE  
Address        5760 STRAWBERRY LAKES CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title            P  
Name            LAZO, HUMBERTO  
Address        1495 FOREST HILL BLVD  
                  G  
City-State-Zip: WEST PALM BEACH FL 33406

*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:** JOSUE DEROSIER

**VICE PRESIDENT**

**11/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date