

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

V

07/01/2013

Electronic Signature of Signing Officer/Director Detail

Date