FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 06 1996 8:00 am
Secretary of State

DOCUMENT # 745780 (7)

1. Corporation Name
ST. CATHERINE LABOURE MANOR, INCORPORATED

Principal Place of Business	Mailing Address
1801 BARRS STREET. STE 5747 JACKSONVILLE FL 32204	1801 BARRS STREET. STE 5747 JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 02/01/1979
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1878316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~GRIMM, WENDY S~~
~~1801 BARRS STREET, STE 5747~~
~~JACKSONVILLE FL 32204~~

10. Name and Address of New Registered Agent

81 Name: Harvey Granger
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1700
83
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Harvey Granger — 5/14/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARGARET		1.2 NAME		
STREET ADDRESS	1801 BARRS ST, STE 5747		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEVANEY, EVERETT M		2.2 NAME		
STREET ADDRESS	1801 BARRS ST., STE. 5747		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EISENBERGER, SISTER E		3.2 NAME		
STREET ADDRESS	1800 BARRS ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 0		3.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WISNIEWSKI, DESALES (SIS		4.2 NAME		
STREET ADDRESS	1800 BARRS ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	~~DELAHUNT, SISTER M~~		5.2 NAME	Sister Gloria Gilman	
STREET ADDRESS	~~1800 BARRS ST.~~		5.3 STREET ADDRESS	1800 Barrs Street	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		5.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DVORAK, ROBERT M		6.2 NAME		
STREET ADDRESS	1801 BARRS STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Everett M. Devaney — Everett M. Devaney — 4/24/96 — 904-389-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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#12. Officers and Directors (continued):

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GLENN, J. EUGENE, M.D.
1800 Barrs Street
Jacksonville, FL 32204

D
LENNON, JOHN
1800 Barrs Street
Jacksonville, FL 32204

D
LOGUE, JOHN W.
1800 Barrs Street
Jacksonville, FL 32204