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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745780

1. Corporation Name

ST. CATHERINE LABOURE MANOR, INCORPORATED

Principal Place of Business	Mailing Address
1750 STOCKTON STREET JACKSONVILLE FL 32204 US	~~1750 STOCKTON STREET~~ ~~JACKSONVILLE FL 32204~~ US

2. Principal Place of Business 21	2a. Mailing Address 26 1301 Riverplace Blvd.	3. Date Incorporated or Qualifed 02/01/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1700	4. FEI Number 59-1878316 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32207 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARVEY GRANGER
1301 RIVERPLACE BLVD., STE.1700
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHER, JOHN J		1.2 NAME	
STREET ADDRESS	1800 BARRS STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP	
TITLE	EVPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOGUE, JOHN W		2.2 NAME	
STREET ADDRESS	1800 BARRS STREET		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	☐ Change ☐ Addition
NAME	GILMAN, SISTER GLORIA		5.2 NAME	
STREET ADDRESS	1800 BARRS ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: John W. Logue Executive Vice President 2/4/99 904-308-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

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1999 Annual Report
Document #745780 (7)
ST. CATHERINE LABOURE' MANOR, INCORPORATED

#13 *(Continued)*

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SISTER MAUREEN DELAHUNT, D.C.
1800 Barrs Street
Jacksonville, FL 32204

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

D
JOHN J. LENNON
1800 Barrs Street
Jacksonville, FL 32204

D
MICHAEL CASCONE
1800 Barrs Street
Jacksonville, FL 32204