

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90346 049 ****70.00

DOCUMENT # 745780

1. Entity Name

ST. CATHERINE LABOURE MANOR, INC.

Principal Place of Business

1800 BARRS STREET
 JACKSONVILLE FL 32204
 US

Mailing Address

1800 BARRS STREET
 JACKSONVILLE FL 32204
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1878316

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHER, JOHN J
 ST. VINCENT'S HEALTH SYSTEM, INC.
 1800 BARRS STREET
 JACKSONVILLE FL 32204

Name

LAURIE S. TEPPERT

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

ST. VINCENT'S HEALTH SYSTEM, INC.
 1801 BARRS STREET, SUITE 615

City

JACKSONVILLE

FL

Zip Code

32204

8. 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

Laurie S. Teppert

Laurie Teppert

4/10/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MAHER, JOHN J	
STREET ADDRESS	1800 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VPD	☐ Delete
NAME	LOGUE, JOHN W	
STREET ADDRESS	1800 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	CD	☒ Delete
NAME	EISENBERGER, SISTER E	
STREET ADDRESS	1800 BARRS ST	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	VCD	☒ Delete
NAME	WISNIEWSKI, DESALES (SIS	
STREET ADDRESS	1800 BARRS ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ Delete
NAME	GILMAN, SISTER GLORIA	
STREET ADDRESS	1800 BARRS ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AT	☒ Delete
NAME	DVORAK, ROBERT M	
STREET ADDRESS	1801 BARRS STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman	☒ Change ☐ Addition
NAME	Sc. Desales Wisniewski	
STREET ADDRESS	1800 Barrs Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	Vice-Chairman	☒ Change ☐ Addition
NAME	Michael Cascone	
STREET ADDRESS	1800 Barrs Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.01

Date

Daytime Phone #

CR2E037 (10/00)