2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90471 001 ***985.00

DOCUMENT # 745780

1. Entity Name

ST. CATHERINE LABOURE MANOR, INC.

Principal Place of Business	Mailing Address
1800 BARRS STREET JACKSONVILLE FL 32204 US	C/O LAURIE S. TEPPERT 1801 BARRS STREET. STE 615 JACKSONVILLE FL 32204 US

11975

DO NOT WRITE IN THIS SPACE

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
TEPPERT, LAURIE S ST. VINCENT'S HEALTH SYSTEM, INC. 1800 BARRS STREET, STE 615 JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 S. TEPPERT 1-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHER, JOHN J 1800 BARRS STREET JACKSONVILLE FL 32204	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SHIRCLIFF, ROBERT T. 1800 BARRS STREET JACKSONVILLE, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD LOGUE, JOHN W 1800 BARRS STREET JACKSONVILLE, FL 00000	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ACKERMAN, SCOT N., M.D. 1800 BARRS STREET JACKSONVILLE, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WISNIEWSKI, DA SALES SR 1800 BARRS ST. JACKSONVILLE FL 32204	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T MAHER, JOHN J. 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CASCONE, MICHAEL 1800 BARRS ST. JACKSONVILLE FL 32204	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGUE, JOHN W. 1800 BARRS STREET JACKSONVILLE, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GILMAN, SISTER GLORIA 1800 BARRS ST. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Corrigan, JAMES M. 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT DVORAK, ROBERT M 1801 BARRS STREET JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chandler 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL. 32204	☑ Change ☐ Addition

CR2E037 (9/01)

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.

(904)308-4002

SIGNATURE: SIGNATURE REQUIRED JOHN J. MAHER 1-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc# 745780

Title:	D
Name:	Teppert, Laurie S.
Street Address:	1801 Barrs Street, Suite 615
City-St-Zip:	Jacksovnille, FL 32204

Title:	AS
Name:	Sinclair, Donna
Street Address:	1801 Barrs Street, Suite 600
City-St-Zip:	Jacksovnille, FL 32204