

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90320 050 ****61.25

DOCUMENT # 745780 1. Entity Name ST. CATHERINE LABOURE MANOR, INC.	
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Principal Place of Business 1800 BARRS STREET JACKSONVILLE, FL 32204 US	Mailing Address C/O LAURIE S. TEPPERT 1801 BARRS STREET, STE 615 JACKSONVILLE, FL 32204 US
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50039201

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1878316	Applied For Not Applicable
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6. Name and Address of Current Registered Agent TEPPERT, LAURIE S ST. VINCENT'S HEALTH SYSTEM, INC. 1800 BARRS STREET, STE 615 JACKSONVILLE, FL 32204	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAHER, JOHN J 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition <i>p.1 of 2 - see attached</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, JEFFREY 1800 BARRS STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ACKERMAN, SCOT N. MD 1800 BARRS ST. JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPPERT, LAURIE S 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, JAMES M 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SINCLAIR, DONNA 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Date

Daytime Phone #

ATTACHMENT 50039201
145780

St. Catherine Laboure Manor, Inc.
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List of Additional Officers and Directors:

CD – Shircliff, Robert, 1801 Barrs St., Suite 600, Jacksonville, FL 32204