2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90031 004 ****61.25

DOCUMENT # 745780

1. Entity Name
ST. CATHERINE LABOURE MANOR, INC.

40052606

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

03072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o Laurie Teppert
1 Shircliff Way	2 Shircliff Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 600
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32204 Country US	Zip 32204 Country US

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

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 Laurie S. Teppert
Street Address (P.O. Box Number is Not Acceptable) 2 Shircliff Way
Suite 600
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Laurie S. Teppert 3/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	PD MAHER, JOHN J 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	D WHALEN, SCOTT 1800 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP 1 Shircliff Way	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ACKERMAN, SCOT N. MD 1800 BARRS ST. JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1 Shircliff Way	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST TEPPERT, LAURIE S 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS 2 Shircliff Way, Suite 600	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRAN, DANIEL 1801 BARRS ST, SUITE 600 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT 1 Shircliff Way	☑ 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 exemptions contained in Chapter 119, 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: Laurie Teppert 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #