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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765372 (8)
1. Corporation Name
FRANCISCAN SISTERS OF ALLEGANY HEALTH SYSTEM, IN C.

Principal Place of Business Mailing Address
% 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 100 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1982	3a. Date of Last Report 04/27/1994
4. FEI Number 58-1492325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SULLIVAN, SR. M. CELESTE
6200 COURTNEY CAMPBELL CSWY #100
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARGHITTU, MARY SR.
STREET ADDRESS	115 E. MAIN STREET
CITY - ST - ZIP	ALLEGANY NY 14706
TITLE	D
NAME	GIONTA, MARIE SR.
STREET ADDRESS	115 E. MAIN STREET
CITY - ST - ZIP	ALLEGANY NY 14706
TITLE	DC
NAME	SULLIVAN, SR. M CELESTE
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #100
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GROSS, JORGE A
STREET ADDRESS	SOUTHEAST FINANCIAL CENTER; SUITE 3000
CITY - ST - ZIP	MIAMI FL 33131-2330
TITLE	D
NAME	RENODIN, LYLE
STREET ADDRESS	284 STATE STREET
CITY - ST - ZIP	ALBANY NY
TITLE	D
NAME	KIMMINS, SR MARGARET
STREET ADDRESS	300 WYOMINA AVENUE
CITY - ST - ZIP	SCRANTON PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dooley, Michael	
1.3 STREET ADDRESS	6200 Courtney Campbell Causeway, #100	
1.4 CITY - ST - ZIP	Tampa, FL 33607	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maire, Sr. Kathleen	
2.3 STREET ADDRESS	720 N. 331st Street	
2.4 CITY - ST - ZIP	Bronx, NY 10463	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sullivan, Sr. M. Celeste	
3.3 STREET ADDRESS	6200 Courtney Campbell Causeway, # 100	
3.4 CITY - ST - ZIP	Tampa, FL 33607	
4.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Riner, Ronald N., M.D.	
4.3 STREET ADDRESS	DCNHS, 4600 Edmundson Road	
4.4 CITY - ST - ZIP	St. Louis, MO 63134	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gionta, Sr. M. Dolores	
5.3 STREET ADDRESS	St. Elizabeth Motherhouse	
5.4 CITY - ST - ZIP	115 E. Main Street	
5.5 CITY - ST - ZIP	Allegany, NY 14706	
6.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Michael T. Dooley Michael T. Dooley 4/27/95 813-281-9098