

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765372 (8)

1. Corporation Name
FRANCISCAN SISTERS OF ALLEGANY HEALTH SYSTEM, INC.



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

3. Date Incorporated or Qualified: 10/11/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 58-1492325
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

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 (81-85) fields: Name, Street Address, City, Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when filing) DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	DOOLEY, MICHAEL	1.1 TITLE:	[] Change [] Addition
STREET ADDRESS: 6200 COURTNEY CAMPBELL CAUSEWAY 100	TAMPA FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: DS	MAIRE, SR KATHLEEN	2.1 TITLE:	[] Change [] Addition
STREET ADDRESS: 720 N 231ST ST	BRONX NY	2.2 NAME:	
CITY-ST-ZIP:		2.3 STREET ADDRESS:	
TITLE: DP	SULLIVAN, SR M CELESTE	2.4 CITY-ST-ZIP:	[] Change [] Addition
STREET ADDRESS: 6200 COURTNEY CAMPBELL CAUSEWAY 100	TAMPA FL	3.1 TITLE:	[] Change [] Addition
CITY-ST-ZIP:		3.2 NAME:	
TITLE: DC	RINER, RONALD N MD	3.3 STREET ADDRESS:	
STREET ADDRESS: DCNHS 4600 EDMUNDSON RD	ST LOUIS MO	3.4 CITY-ST-ZIP:	[] Change [] Addition
CITY-ST-ZIP:		4.1 TITLE:	[] Change [] Addition
TITLE: D	GIONTA, SR M DOLORES	4.2 NAME:	
STREET ADDRESS: ST ELIZABETH MOTHERHOUSE 115 E MAIN ST	ALLEGANY NY	4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	[] Change [] Addition
TITLE: D	KIMMINS, SR MARGARET	5.1 TITLE:	[] Change [] Addition
STREET ADDRESS: 300 WYOMINA AVENUE	SCRANTON PA	5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	[] Change [] Addition
		6.1 TITLE:	
		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 119.07(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: [Signature] MICHAEL DOOLEY 3/14/01 813-281-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: [] District Phone # []

CR2E037 (12/95)