## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

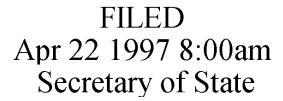
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

## FRANCISCAN SISTERS OF ALLEGANY HEALTH SYSTEM, IN





Principal Place	of Business	Mailing Address				**** ***** ***** ***	
% 6200 COURTI	NEY CAMPBELL CAUSEWAY	% 6200 COURTNEY SUITE 100	CAMPBELL C	AUSEWAY			
SUITE TOU TAMPA FL 3360	7	TAMPA FL 33607					
remitte 1 to 1999/97		Trimi Pi C 00001			3. Date Incorporated or Qualified 10/11/1982	3a. Date of Las 04/05/	
2. Principal Pla	ace of Business	2a. Mailing Address	<u></u>		4. FEI Number	1	Applied For
21		26			58-1492325		Not Applicabl
Suite, Apt. #	, etc.	Suite, Apt. #, et	C.			<b>\$8.7</b>	5 Additional
2	,	27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing		May Be
3		28			Trust Fund Contribution		nd to Fees
Zip	Country	Zip	Co	ountry	8. This corporation has liability for i		
4	25	29	30	, ,		Yes [2] No	1 6. 100.002,
<u> </u>	g. Name and Address of Cu		30	<del></del>	10. Name and Address of New Re		
			······································	81 Name			
				1	HOWARD WATTS		
	n, Sr. M. Celeste	***		82 Street A	Address (P.O. Box Number is Not Acceptab	le)	100
	DURTNEY CAMPBELL CSWY	<b>#1</b> 00		00	6200 COURTNEY CAMPBELL	CSWY, STE	TOO
TAMPA F	FL 33607			83			
				84 City		85 Z	ip Code
				- "	TAMPA	FL is	33607
11. Pursuant to	o the provisions of Sections 617.	.0502 and 617.1508, Florida	Statutes, the	above-named	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changin	g its registere
office or re	egistered agent, or both, in the S n familiar with, and accept the o	State of Florida. Such change obligations of Section 617 05	was authoriz 03. Florida St	ed by the corp	oration's board of directors. I hereby accep		as registered
			WARD	1 ( 1 / 4 )	75	49197	
SIGNATURE 💃	Signature, typed or printed name of registere			IX	required when reinstating)	DATE	
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	DT	DELE		TITLE		☐ Chanc	
NAME	DOOLEY, MICHAEL		1	NAME		-	, <del>_</del>
	6200 COURTNEY CAMPB	ELL CALICEWAY 100	1				
STREET ADDRESS		ELL DAUGENAT TOU		STREET ADDRESS			
CITY-SI-ZIP	TAMPA FL	E Sec		CITY-ST-ZIP		[ ] Observe	a Labor
TITLE	DS	☐ DELE	IE 2.1	TITLE		Chang	je 🔲 Additi
NAME	maire, SR Kathleen		2.2	NAME	·		
STREET ADDRESS	720 N 231ST ST		2.3	STREET ADDRESS			
City-St-1P	BRONX NY		2. (	CITY-ST-ZIP			
TOTLE	DP	<b>∑</b> DELE	TE 3.1	TITLE	DP	Chang	e XX Additi
NAME	SULLIVAN, SR M CELEST	E	3.2	NAME	HOWARD WATTS		
STREET ADDRESS	6200 COURTNEY CAMPB	FLL CAUSEWAY 100		STREET ADDRESS	6200 COURTNEY CAMPBEL	L CSWY, ST	TE 100
CITY-ST-ZIP	TAMPA FL	PPS CINCELLIA		CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	DC	X DELE		TITLE		Chang	Additi
NAME	RINER, RONALD N MD		4	NAME	DC SR MARY ARGHITTU	,	. 1984 ····
1	DCNHS 4600 EDMUNDS(	ON DO		-	3010 PERRY AVENUE		
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •	ער אע		STREET ADDRESS			
CITY - ST - ZIP	ST LOUIS MO			CITY-ST-ZIP	TAMPA, FL 33603	[ ] [	
TITLE	D	☐ DELE		TITLE	20000215	Chang	ge [_] Additi
NAME	GIONTA, SR M DOLORES		5.2	NAME	-04/23/97011	/こうのご 00021	
Street adoress	ST ELIZABETH MOTHERI	House 115 e main st	5.3	STREET ADDRESS		UUUJ1	
CITY - ST - ZIP	ALLEGANY NY			CITY-ST-ZIP	***306.25		
TITLE	D	DELE	TE 6.1	TITLE	D	Chan	ge LAdditi
NAME	KIMMINS, SR MARGARET		6.2	NAME	KIMMINS, SR MARGARET	•	WN
STREET ADDRESS	300 WYOMINA AVENUE	•		STREET ADDRESS	115 E MAIN STREET		A KA
1	SCRANTON PA						17.7
CITY-ST-ZIP	OUTWINDIN PA		■ 64	CITY-ST-ZIP	ALLEGANY, NY 14706		

14. I do 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 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, of other attachment with an address.

SIGNATURE:

Michael Dooley

4/9/97

813-281-9098 Daytime Phone # 0079169