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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

% 6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

3. Date Incorporated or Qualified
10/11/1982

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

Zip

Country

30

4. FEI Number

58-1492325

Applied For

Not Applicable

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 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

HOWARD WATTS

82 Street Address (P.O. Box Number is Not Acceptable)

6200 COURTNEY CAMPBELL CSWY, STE 100

83

84 City

TAMPA

FL

85 Zip Code

33607

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

Howard W. Watts

HOWARD W. WATTS

4/9/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT DELETE
NAME DOOLEY, MICHAEL
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY 100
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS DELETE
NAME MAIRE, SR KATHLEEN
STREET ADDRESS 720 N 231ST ST
CITY-ST-ZIP BRONX NY

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP DELETE
NAME SULLIVAN, SR M CELESTE
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY 100
CITY-ST-ZIP TAMPA FL

3.1 TITLE DP Change Addition
3.2 NAME HOWARD WATTS
3.3 STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY, STE 100
3.4 CITY-ST-ZIP TAMPA, FL 33607

TITLE DC DELETE
NAME RINER, RONALD N MD
STREET ADDRESS DCNHS 4800 EDMUNDSON RD
CITY-ST-ZIP ST LOUIS MO

4.1 TITLE Change Addition
4.2 NAME SR MARY ARGHITTU
4.3 STREET ADDRESS 3010 PERRY AVENUE
4.4 CITY-ST-ZIP TAMPA, FL 33603

TITLE D DELETE
NAME GIONTA, SR M DOLORES
STREET ADDRESS ST ELIZABETH MOTHERHOUSE 115 E MAIN ST
CITY-ST-ZIP ALLEGANY NY

5.1 TITLE Change Addition
5.2 NAME 200002152682
5.3 STREET ADDRESS -04/23/97--01100--031
5.4 CITY-ST-ZIP ***306.25

TITLE D DELETE
NAME KIMMINS, SR MARGARET
STREET ADDRESS 300 WYOMINA AVENUE
CITY-ST-ZIP SCRANTON PA

6.1 TITLE D Change Addition
6.2 NAME KIMMINS, SR MARGARET
6.3 STREET ADDRESS 115 E MAIN STREET
6.4 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 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 Dooley

REQUIRED

Michael Dooley

4/9/97

813-281-9098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079189

CR2E037 (9/96)

KW 4-9-97