

5-20-98 B7747 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 May 20 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, 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	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WATTS, HOWARD W
6200 COURTNEY CAMPBELL CSWY #100
TAMPA FL 33607**

Howard Watts

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	DOOLEY, MICHAEL
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY 100
CITY-ST-ZIP	TAMPA FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	MAIRE, SR KATHLEEN
STREET ADDRESS	720 N 231ST ST
CITY-ST-ZIP	BRONX NY
TITLE	DP <input type="checkbox"/> DELETE
NAME	WATTS, HOWARD
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP	TAMPA FL 33607
TITLE	DC <input type="checkbox"/> DELETE
NAME	ARGHITTU, SR MARY
STREET ADDRESS	3010 PERRY AVENUE
CITY-ST-ZIP	TAMPA FL 33603
TITLE	D <input type="checkbox"/> DELETE
NAME	GIONTA, SR M DOLORES
STREET ADDRESS	ST ELIZABETH MOTHERHOUSE 115 E MAIN ST
CITY-ST-ZIP	ALLEGANY NY
TITLE	D <input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chauk, Gary
1.3 STREET ADDRESS	6200 Courtney Campbell Causeway 100
1.4 CITY-ST-ZIP	TAMPA, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

STATE: *Howard Watts*

CR2E037 (10/97)