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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765372

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/11/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-1492325

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 CHAWK, GARY
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY 10
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 WATTS, HOWARD
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DC DELETE
NAME ARGHITTU, SR MARY
STREET ADDRESS 3010 PERRY AVENUE
CITY-ST-ZIP TAMPA FL 33603

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]* SQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0085918

CR2E037 (1/98)