

**UNIFORM BUSINESS REPORT (UBR)**

6/6/00-90

**FILED**

**Jul 07, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90010 047 \*\*\*\*61.25

**DOCUMENT # 765372**

Entity Name  
**FRANCISCAN SISTERS OF ALLEGANY HEALTH SYSTEM, IN**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **58-1492325** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WATTS, HOWARD W  
 6200 COURTNEY CAMPBELL CSWY #100  
 TAMPA FL 33607

7. Name and Address of New Registered Agent  
 Name **MARGARET MARY KIMMINS, OSA**  
 Street Address (No. Box Number, or Post Office Box) **19329 US Highway 19 N, Suite 100**  
 City **Clearwater** FL Zip Code **33764**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE Margaret Mary Kimmins, OSA DATE 5/19/00  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

OFFICERS AND DIRECTORS	
DT CHAWK, GARY 6200 COURTNEY CAMPBELL CAUSEWAY 10 TAMPA FL	<input checked="" type="checkbox"/> Delete
DS MAIRE, SR KATHLEEN 720 N 231ST ST BRONX NY	<input checked="" type="checkbox"/> Delete
DP WATTS, HOWARD 6200 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
DC ARGHITTU, SR MARY 3010 PERRY AVENUE TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
D GIONTA, SR M DOLORES ST ELIZABETH MOTHERHOUSE 115 E MAIN ST ALLEGANY NY	<input checked="" type="checkbox"/> Delete
D KIMMINS, SR MARGARET 300 WYOMINA AVENUE SCRANTON PA	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
DIS/T HADDAD, SR. ODETTE 3939 SHORESIDE CIRCLE TAMPA, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D CARPET, SR. LUCY 138 NE 111th STREET MIAMI SHORES, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DC WEIDENBORNER, SR MARLENE 115 E MAIN STREET ALLEGANY, NY 14706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D HALL, SR MAUREEN CLARE 152 CONSTANT SPRINGS ROAD KINGSTON 8, JAMAICA, WEST INDIES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/P KIMMINS, SR MARGARET MARY 19329 US Highway 19 N, Suite 100 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: Margaret Mary Kimmins, OSA Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)