

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90258 037 \*\*\*\*61.25

**DOCUMENT # 765372**

1. Entity Name

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

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

19329 US Hwy 19N

Suite, Apt. #, etc.

Suite 100

Clearwater FL

Zip  
 33764

Country  
 USA

3. Mailing Address

19329 US Hwy 19N

Suite, Apt. #, etc.

Suite 100

Clearwater FL

Zip  
 33764

Country  
 USA



DO NOT WRITE IN THIS SPACE

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

KIMMINS, MARGARET M OSF  
 19329 US HWY 19N  
 STE 100  
 CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 OSF*  
 Signature, typed or printed name of registered agent and title if applicable.  
 MARGARET MARY KIMMINS OSF

(NOTE: Registered Agent signature required when reinstating)

3-21-01

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHAWK, GARY 6200 COURTNEY CAMPBELL CAUSEWAY 10 TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAIRE, SR KATHLEEN 720 N 231ST ST BRONX NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATTS, HOWARD 6200 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ARGHITTU, SR MARY 3010 PERRY AVENUE TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIONTA, SR M DOLORES ST ELIZABETH MOTHERHOUSE 115 E MAIN ST ALLEGANY NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIMMINS, SR MARGARET 300 WYOMINA AVENUE 115 E. Main St. SCRANTON-PA Allegany NY 14706	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Carter, Sr. Lucy 138 NE 111th Street Miami Shores, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Weidenborner, Sr. Marlene 380 Valencia Blvd. Largo FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 OSF*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Mary Kimmins OSF 3-21-01  
 Date Daytime Phone #

CR2E037 (10/00)