

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:24

DOCUMENT # 767541 (6)

1. Corporation Name
ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION, INC.

Principal Place of Business Mailing Address
% DON W. CHESTER 901 45TH STREET WEST PALM BEACH FL-33416-4713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1983 3a. Date of Last Report 02/08/1994
4. FEI Number 59-2301543 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 33407 Country 28 Zip 33407 Country
24 25 29 30

9. Name and Address of Current Registered Agent
CHESTER, DON W
901 45TH STREET
WEST PALM BEACH FL 33416-4713

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GALT, ROBERT B III
STREET ADDRESS	201 S. BISCAYNE BLVD, #2000
CITY- ST- ZIP	MIAMI FL
TITLE	CD
NAME	TOPPING, DANIEL
STREET ADDRESS	46702 NE SIXTH AVE
CITY- ST- ZIP	N MIAMI FL
TITLE	JD
NAME	SETLIN, HOWARD A. ESQ.
STREET ADDRESS	1758 28TH ST.
CITY- ST- ZIP	MIAMI BCH. FL
TITLE	D
NAME	SR HADDAD ODEFFE, OSF
STREET ADDRESS	6600 INDIAN CREEK DR
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	O'LAUGHLIN, JEANNE S
STREET ADDRESS	11300 NE 2ND AVE
CITY- ST- ZIP	MIAMI SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Sr. Mary McNally, OSF
2.3 STREET ADDRESS	2924 W. Curtis Street
2.4 CITY- ST- ZIP	Tampa, FL 33614
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD Michael O. O'Neil, Jr.
4.3 STREET ADDRESS	701 Brickell Ave
4.4 CITY- ST- ZIP	Miami FL 33131
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don W. Chester 2/2/95 881-2893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR