

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 33407
US**

3. Date Incorporated or Qualified **03/14/1983** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2301543	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent

**CHESTER, DON W
901 45TH STREET
WEST PALM BEACH FL 33407**

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALT, ROBERT B III	1.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD, #2000	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, MARY S OSF	2.2 NAME	
STREET ADDRESS	2924 W CURTIS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETLIN, HOWARD A. ESQ.	3.2 NAME	
STREET ADDRESS	1758 28TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, MICHAEL O JR	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LAUGHLIN, JEANNE S	5.2 NAME	
STREET ADDRESS	11300 NE 2ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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.

SIGNATURE: Don W. Chester **DON W. CHESTER** 2/21/96 (407) 881-2893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)