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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767541 (6)
1. Corporation Name
ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION, INC.



Principal Place of Business % DON W. CHESTER 901 45TH STREET WEST PALM BEACH FL 33407 US	Mailing Address % DON W. CHESTER 901 45TH STREET WEST PALM BEACH FL 33407-2413 US
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3. Date Incorporated or Qualified 03/14/1983	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 % MICHAEL DOOLEY Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc.
22 6200 COURTNEY CAMPBELL CSWY #100 City & State	27 TAMPA, FL City & State
23 TAMPA, FL Zip	28 TAMPA, FL Zip
24 33607 Country	29 33607 Country

4. FEI Number 59-2301543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **MICHAEL T. DOOLEY**
82 Street Address (P.O. Box Number is Not Acceptable)
6200 COURTNEY CAMPBELL CSWY.
83 **SUITE 100**
84 City **TAMPA** 85 Zip Code **FL 33607**

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 *M.T. Dooley* **MICHAEL T. DOOLEY** DATE **4/14/97**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GALT, ROBERT B III	
STREET ADDRESS	201 S. BISCAYNE BLVD, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCNALLY, MARY S OSF	
STREET ADDRESS	2924 W CURTIS STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SETLIN, HOWARD A. ESQ.	
STREET ADDRESS	1758 28TH ST.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, MICHAEL O JR	
STREET ADDRESS	701 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'LAUGHLIN, JEANNE S	
STREET ADDRESS	11300 NE 2ND AVE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWARD WATTS	
1.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY, STE 100	
1.4 CITY-ST-ZIP	TAMPA, FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL T. DOOLEY	
2.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY., STE 100	
2.4 CITY-ST-ZIP	TAMPA, FL 33607	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SISTER GLADYS SHARKEY, O.S.F.	
3.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY, STE 100	
3.4 CITY-ST-ZIP	TAMPA FL 33607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *M.T. Dooley* **MICHAEL T. DOOLEY** DATE **4/14/97** 813 281-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0040377

CR2E037 (9/96)