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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

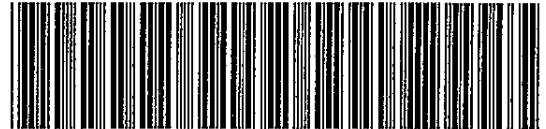
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CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
Joni Brath  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # N04792 (0)**  
**HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.**  
**5200 EAST AVE**  
**WEST PALM BEACH FL 33407-2352**

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, file through incorrect information and enter correction in Block 2

3. Date Incorporated or Qualified: **08/20/1984**  
3a. Date of Last Report: **03/26/1992**

FILING FEE: **\$200.00**  
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FET Number: **592500657**  
Applied For:  Not Applied For:

2. Mailing Address  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country

2a. Finc. In Place of Business  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

5. Certificate of Status Desired:  **\$6.75 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:  **\$138.75 Supplemental Fee Not Required**  
8. This corporation has liability for delinquent taxes under § 197.02, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PLANT, TIMOTHY D.**  
**5200 EAST AVENUE**  
**W PALM BCH., F L. 33407**

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1.1 TITLE: **VTC/D**  
1.2 NAME: **ROONEY, PATRICK J.**  
1.3 ADDRESS: **1111 W. CONGRESS AVE.**  
1.4 CITY-ST-ZIP: **W. PALM BEACH FL**

2.1 TITLE: **C/D**  
2.2 NAME: **PARK, ALVIN**  
2.3 ADDRESS: **3225 W. GULF DR., #102**  
2.4 CITY-ST-ZIP: **SANibel ISLAND FL**

3.1 TITLE: **T**  
3.2 NAME: **JAY, EUGENE**  
3.3 ADDRESS: **15245 PLEASANT VALLEY RD**  
3.4 CITY-ST-ZIP: **CENTER CITY MN**

4.1 TITLE: **V**  
4.2 NAME: **CORLEW, HAROLD T**  
4.3 ADDRESS: **15245 PLEASANT VALLEY RD**  
4.4 CITY-ST-ZIP: **CENTER CITY MN**

5.1 TITLE: **P**  
5.2 NAME: **SPICER, JERRY**  
5.3 ADDRESS: **15245 PLEASANT VALLEY RD**  
5.4 CITY-ST-ZIP: **CENTER CITY MN**

6.1 TITLE: **S**  
6.2 NAME: **McELRATH, DAMIAN**  
6.3 ADDRESS: **15245 PLEASANT VALLEY RD**  
6.4 CITY-ST-ZIP: **CENTER CITY FL**

13. OFFICERS AND DIRECTORS CHANGE

1.1 TITLE: **C/D**  
1.2 NAME: **Thomas Rossin**  
1.3 ADDRESS: **505 South Flagler Drive, Ste 1001**  
1.4 CITY-ST-ZIP: **West Palm Beach, FL 33401**

2.1 TITLE: **T**  
2.2 NAME: **Leann Lewis**  
2.3 ADDRESS: **15245 Pleasant Valley Road**  
2.4 CITY-ST-ZIP: **Center City, MN 55012**

3.1 TITLE: **V**  
3.2 NAME: **Timothy D. Plant**  
3.3 ADDRESS: **5200 East Avenue**  
3.4 CITY-ST-ZIP: **West Palm Beach, FL 33407**

14. I certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if personally made. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 227 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 (a diary), or on an attachment with an address.

SIGNATURE: **Damian McElrath** DATE: **4/14/93**  
Print/Type Name of Signing Officer or Director: **Damian McElrath** Title(s): **Secretary**  
Telephone Number: **(612) 257-4010**