

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

0068228

DOCUMENT # N42940

1. Entity Name

FRANCISCAN CENTER, TAMPA, FLORIDA, INC.

03-27-2001 90047 003 ****70.00

Principal Place of Business 3010 PERRY AVENUE TAMPA FL 33603	Mailing Address 3010 PERRY AVENUE TAMPA FL 33603
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818448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1356360	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAHILL, CATHERINE SR.
3010 PERRY AVENUE
TAMPA FL 33603

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCHSCHWENDER, ELLEN 4213 SEVILLA STREET TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BIEBEL, JILL 2602 CARROLL LAKE ST TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROCK, JOANNE 502 S WILLOW 4 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEW, BOB 4124 WINDERMERE PLACE SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNALLY, SR. MARY 2924 W. CURTIS TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRENSKI, JANE 10114 LAKE COVE LANE TAMPA FL 33618	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Bazata, CPA 2113 W. Marjory Avenue Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sister Catherine Cahill, OSF 3010 Perry Avenue Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Catharine DeMare 14702 Clarendon Drive Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Livingston 2 Adalia Avenue, #501 Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles T. O'Neill AccessLife.com, 8800 Grand Oak Cir., Ste 510 Tampa, FL 33637-2003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sister M. Carleen Rooney, OSF 631 11th Street N. St. Petersburg, FL 33705	<input type="checkbox"/> Change <input checked="" 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: *Sister Catherine Cahill, OSF* Sister Catherine Cahill, OSF 3/14/01 813-229-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Doc# N42440
Stamp # 818448

ADDENDUM to Block 11: Additions/Changes to Officers and Directors in 10

Title Name Street Address City-ST-Zip	D David Snyder 3905 Turnbury Street Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Sister Marie Kathleen Stagnaro, OSF 631 11th Street N. St. Petersburg, FL 33705-1409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D David Szymanski 16271 Northdale Oaks Drive Tampa, FL 33624-1315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Jeff Wagner 5811 Idle Forest Place Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Dale S. Webbber, Esq. 401 E. Jackson Street, Ste 2500 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	S/D Ellen Hochschwender 4213 Sevilla Street Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-ST-Zip	D Sister Mary McNally, OSF 1303 W. Braddock Street Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition