

FILE NOW: FILING FEE IS \$61.25

FILED

**May 07 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N46613 (8)

1. Corporation Name
ST. MARY'S ASC, INC.



Principal Place of Business 601 45TH STREET WEST PALM BEACH FL 33407-2495 US	Mailing Address 901 45TH STREET WEST PALM BEACH FL 33407-2495 US
--	--

3. Date Incorporated or Qualified
12/27/1991

4. FEI Number 65-0346875	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LARCOMBE, GOODWIN V
1309 N FLAGLER ST
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive
83
84 City West Palm Beach
85 Zip Code FL 33401

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 *[Signature]* **4/30/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, RICHARD		1.2 NAME Thomas McCloskey	
STREET ADDRESS 901 45TH STREET		1.3 STREET ADDRESS 901 45th Street	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARCOMBE, VALERIE GOODWI		2.2 NAME	
STREET ADDRESS 901 45TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARDNER, GRET		3.2 NAME Frank Nask	
STREET ADDRESS 901 45TH STREET		3.3 STREET ADDRESS 901 45th Street	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUTCHER, PHILLIP		4.2 NAME	
STREET ADDRESS 901 45TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAVILL, PHYLLIS		5.2 NAME	
STREET ADDRESS 901 45TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 300002515813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME -05/07/98--01096--005	
STREET ADDRESS		6.3 STREET ADDRESS ***1843.75	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E037 (10/97)