2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2016
Secretary of State
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Entity Name: ST. CATHERINE LABOURE MANOR, INC.

Current Principal Place of Business:

1750 STOCKTON STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

1750 STOCKTON STREET
JACKSONVILLE, FL 32204 US

FEI Number: 59-1878316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES, TREAS, SEC, DIRECTOR
Name	GARTLAND, MAUREEN
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	CHAPPANO, M.D., PAUL
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	HARRIS, CARLA
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	MORALES, JR., RICARDO
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	JONES, RICHARD
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	KULIK, DAVID G.
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DC
Name	SIMMONS, II, SIDNEY S.
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	MURPHY, NANCY SISTER
Address	1750 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN GARTLAND PRESIDENT 04/26/2016

Electronic Signature of Signing Officer/Director Detail — Date