

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42940

**Entity Name:** FRANCISCAN CENTER, TAMPA, FLORIDA, INC.

**Current Principal Place of Business:**

3010 N. PERRY AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

3010 N. PERRY AVENUE  
TAMPA, FL 33603

**FEI Number: 59-1356360**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOUGHERTY, OSF, ANNE  
3010 N. PERRY AVENUE  
TAMPA, FL 33603 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 DIRECTOR  
Name DOUGHERTY, OSF, ANNE  
Address 3010 N. PERRY AVENUE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR  
Name MAGEE, OSF, MARGARET  
Address PO BOX W  
City-State-Zip: ST BONA VENTURE NY

Title DIRECTOR  
Name HOLAN, MARK  
Address 1010 W BERRY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR  
Name WILEY, HENRY III  
Address 916 S GOLF VIEW ST  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name MCCARTHY, VICTORIA L  
Address 1317 W WOODLAWN AVE  
City-State-Zip: TAMPA FL 33603

*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: DOUGHERTY, OSF, ANNE**

**DIRECTOR**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date