

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 702181

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: ST. JOSEPH HOSPITAL OF PORT CHARLOTTE, FLORIDA, INC.

Current Principal Place of Business:

2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-0968303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, MICHAEL L
2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HARRINGTON, MICHAEL L
Address: 2500 HARBOR BLVD.
City-St-Zip: PORT CHARLOTTE, FL

Title: CD () Delete
Name: MCKINLEY, MICHAEL R
Address: 4371 POINT CT
City-St-Zip: PT CHARLOTTE, FL

Title: D () Delete
Name: MIZE, MARYANN
Address: 1053 KENSINGTON STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: PD () Delete
Name: ROGERS, MARY CATHERINE SIS
Address: 15121 TAMiami TRAIL, SUITE B
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL HARRINGTON

D

04/19/2002

Electronic Signature of Signing Officer or Director

Date