2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004
Secretary of State

DOCUMENT# 702181

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 L. HARRINGTON SD 05/20/2004
Electronic Signature of Signing Officer or Director — Date