


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 702181		
1. Entity Name ST. JOSEPH HOSPITAL OF PORT CHARLOTTE, FLORIDA, INC.		
Principal Place of Business 10300 4TH STREET NORTH ST. PETERSBURG, FL 33716	Mailing Address 10300 4TH STREET NORTH ST. PETERSBURG, FL 33716	



02132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0968303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTZ, ANNE SR 1505 MARRIOTTVILLE ROAD MARRIOTTVILLE, MD 21104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS SHEA, JOHN 1505 MARRIOTTVILLE ROAD MARRIOTTVILLE, MD 21104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARBUCKLE, KATHERINE A 1505 MARRIOTTVILLE ROAD MARRIOTTVILLE, MD 21104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, JOHN 1505 MARRIOTTVILLE ROAD MARRIOTTVILLE, MD 21104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Shea
JOHN SHEA, EXECUTIVE VICE PRESIDENT + SECRETARY

3/10/08

(410)442-3302