

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702181

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

10300 4TH STREET NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

1505 MARIOTTSVILLE ROAD
MARIOTTSVILLE, MD 21104

Current Mailing Address:

10300 4TH STREET NORTH
ST. PETERSBURG, FL 33716

New Mailing Address:

1505 MARIOTTSVILLE ROAD
MARIOTTSVILLE, MD 21104

FEI Number: 59-0968303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: LUTZ, ANNE SR
Address: 1505 MARIOTTSVILLE ROAD
City-St-Zip: MARIOTTSVILLE, MD 21104

Title: EVPS () Delete
Name: SHEA, JOHN
Address: 1505 MARIOTTSVILLE ROAD
City-St-Zip: MARIOTTSVILLE, MD 21104

Title: TD () Delete
Name: ARBUCKLE, KATHERINE A
Address: 1505 MARIOTTSVILLE ROAD
City-St-Zip: MARIOTTSVILLE, MD 21104

Title: D () Delete
Name: SHEA, JOHN
Address: 1505 MARIOTTSVILLE ROAD
City-St-Zip: MARIOTTSVILLE, MD 21104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUTZ, SR. ANNE
Address: 1505 MARIOTTSVILLE ROAD
City-St-Zip: MARIOTTSVILLE, MD 21104

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 exemption stated 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 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: SR. ANNE LUTZ

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date