

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90258 038 ****61.25

DOCUMENT # 710449

1. Entity Name

ST. FRANCIS HOSPITAL, INC.

Principal Place of Business

% 6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

Mailing Address

% 6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

2. Principal Place of Business

138 NE 111th Street

3. Mailing Address

19329 US Hwy 19N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Shores, FL

City & State

Clearwater FL

Zip

Country

Zip

Country

33764

USA

4. FEI Number

59-0624442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMMINS, MARGARET M OSEF
19329 US HIGHWAY 19N
SUITE 100
CLEARWATER FL 33764

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Margaret Mary Kimmins, OSEF
margaret MARY Kimmins OSEF

(NOTE: Registered Agent signature required when reinstating)

3-21-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME SHARKEY, SISTER GLADYS
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWAY., STE. 100
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ Change ☒ Addition
NAME Kimmins, SR. Margaret Mary
STREET ADDRESS 115 E. Main Street
CITY-ST-ZIP Allegany NY 14706

TITLE TD ☒ Delete
NAME CHAWK, GARY
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWAY., STE. 100
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ Change ☒ Addition
NAME Cardet, SR. Lucy
STREET ADDRESS 138 NE 111th Street
CITY-ST-ZIP Miami Shores, FL 33161

TITLE PD ☒ Delete
NAME WATTS, HOWARD
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY, 100
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ Change ☒ Addition
NAME Weidenborner, SR. Marlene
STREET ADDRESS 380 Valencia Blvd.
CITY-ST-ZIP Largo FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Margaret Mary Kimmins, OSEF

3-21-01

Date

Daytime Phone #

CR2E037 (10/00)