

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710449

1. Entity Name

ST. FRANCIS HOSPITAL, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90092 018 ****61.25

Principal Place of Business

130 NE 111TH STREET
MIAMI SHORES FL

Mailing Address

19329 US HWY 19N
SUITE 100
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 USE~~
19329 US HIGHWAY 19N
SUITE 100
CLEARWATER FL 33764

Name

Juanna Oliveira Lighter

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

19329 US HWY 19 North

Suite 100

City

CLEARWATER

FL

Zip Code

33764

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Juanna Oliveira Lighter
1/22/02

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 ☐ Delete
NAME ~~PD D~~
STREET ADDRESS KIMMINS, MARGARET M
CITY-ST-ZIP 115 E MAIN STREET
ALLEGANY NY 14706

TITLE ☐ Change ☒ Addition
NAME D/P/S
STREET ADDRESS Lighter, Juanna
CITY-ST-ZIP 19329 US HWY 19 N - Ste 100
Clearwater FL 33764

TITLE ☐ Delete
NAME ~~SD D~~
STREET ADDRESS CARDET, LUCY
CITY-ST-ZIP 138 NE 111TH STREET
MIAMI SHORES FL 33161

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Stagnaro, Kathleen OSF
CITY-ST-ZIP 1822 124 Street N.
St. Petersburg FL 33704

TITLE ☐ Delete
NAME ~~TD~~
STREET ADDRESS WEIDENBORNER, MARLENE
CITY-ST-ZIP 380 VALENCIA-BLVD
LARGO FL 33770

TITLE ☒ Change ☐ Addition
NAME E
STREET ADDRESS 10049 82nd Street N.
CITY-ST-ZIP 33777

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Friehe, Anita A.
CITY-ST-ZIP 19329 U.S. HWY 19 N, Ste. 100
Clearwater, FL 33764

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:

Juanna Oliveira Lighter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

Daytime Phone #

CR2E037 (9/01)