

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710449

FILED
Apr 28, 2006
Secretary of State

Entity Name: ST. FRANCIS HOSPITAL, INC.

Current Principal Place of Business:

19321-C US HWY 19 N.
SUITE 412
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

19321-C US HWY 19N
SUITE 412
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-0624442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, EILEEN C
19321-C US HIGHWAY 19N
SUITE 100
CLEARWATER, FL 33764 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: D () Delete
Name: KIMMINS, MARGARET M OSF
Address: 115 E MAIN STREET
City-St-Zip: ALLEGANY, NY 14706 US

Title: C/D () Delete
Name: CARDET, LUCY OSF
Address: 138 NE 111TH STREET
City-St-Zip: MIAMI SHORES, FL 33161 US

Title: D () Delete
Name: WEIDENBORNER, MARLENE OSF
Address: 19321-C US HWY 19 N., SUITE 412
City-St-Zip: CLEARWATER, FL 33764 US

Title: P/D () Delete
Name: BOYLE, EILEEN C
Address: 19321-C US 19 N STE 412
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: STAGNARO, KATHLEEN OSF
Address: 19321-C US HWY 19 N., SUITE 412
City-St-Zip: CLEARWATER, FL 33764 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WILLIAMS, JEANNE OSF
Address: 19321 C US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN BOYLE

PD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date