2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# 710449

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:

33920 US HWY 19 N.
SUITE 269
PALM HARBOR, FL 34684 US

Current Mailing Address:

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

New Mailing Address:

33920 US HWY 19 N.
SUITE 269
PALM HARBOR, FL 34684 US

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 HWY 19 N.
SUITE 412
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

BOYLE, EILEEN C
33920 US HWY 19 N.
SUITE 269
PALM HARBOR, FL 34684 US

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: _____ 04/03/2008
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: D ( ) Delete
Name: WILLIAMS, JEANNE OSF
Address: 19321 C US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FATT, AVRIL C OSF
Address: PO BOX W
City-St-Zip: ST. BONAVENTURE, NY 14778 US

Title: D (X) Change ( ) Addition
Name: MOFFETT, PATRICK S CFC
Address: 33920 US HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D (X) Change ( ) Addition
Name: WRIGHT, GAIL
Address: 33920 US HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: P/D (X) Change ( ) Addition
Name: BOYLE, EILEEN C
Address: 33920 US HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D (X) Change ( ) Addition
Name: STAGNARO, KATHLEEN OSF
Address: 33920 US HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: C/D (X) Change ( ) Addition
Name: WILLIAMS, JEANNE OSF
Address: 33920 US HWY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

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: EILEEN C BOYLE P/D 04/03/2008
Electronic Signature of Signing Officer or Director — Date