

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710449

FILED
Apr 05, 2010
Secretary of State

Entity Name: ST. FRANCIS HOSPITAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

33920 US HWY 19 N.
SUITE 269
PALM HARBOR, FL 34684 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
33920 US HWY 19 N.
SUITE 269
PALM HARBOR, FL 34684 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
Name: FATT, AVRIL C OSF
Address: PO BOX W
City-St-Zip: ST. BONAVENTURE, NY 14778 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EILEEN C BOYLE

PRES

04/05/2010

Electronic Signature of Signing Officer or Director

Date