NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 7

727579

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ST. MARY'S HOSPITAL, INC. Mailing Address Principal Place of Business 901 45TH STREET 901 45TH STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 09/28/1973 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-0624445 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Florida Statutes ☐ Yes ☐ No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LARCOMBE, GOODWIN VALERI 82 300001812573 -05/08/96--01011--016 901 45TH STREET 83 WEST PALM BCH FL 33407 ***1735.00 85 Zip Code City 84 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1.1 TITLE TITLE 1.2 NAME FRENCH, MICHAEL NAME 1.3 STREET ADDRESS 901 45TH STREET STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP WEST PALM BEACH FL DELETE K Change ☐ Addition 2.1 TITLE TITLE -67-- Valerie Goodwin Larcombe 2.2 NAME COMAS, M. VIATOR SISTER-NAME 2.3 STREET ADDRESS 901 45TH STREET STREET ADDRESS 2.4 CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP X Change ☐ Addition CD DELETE 31 TITLE TITLE ╼Ð╌ Harry Gray 32 NAME - CARDEN, G. ALEXANDER M.D.-NAME 901 45th Street 3.3 STREET ADDRESS STREET ADDRESS -1411 N. FLAGLER DR., #7900-West Palm Beach, FL - WEST PALM BEACH FL 03407-3.4. CITY-ST-ZIP CITY-ST-ZIP X Change Addition VCD DELETE 4.1 TITLE TITLE William Sned, Jr. 4, 2 NAME -MCCLOSKEY: THOMAS D-NAME 901 45th Street 4.3 STREET ADDRESS STREET ADDRESS -ONE-WELLS CIRCLE-West Palm Beach, FL 33407 4.4 CITY-ST-ZIP -PALM BEACH FL 99400-CITY-ST-ZIP XI Change Addition DELETE 5.1 TITLE Т TITLE Greg Gardner 5.2 NAME NAME -MESSING, GILBERT-901 45th Street 5.3 STREET ADDRESS STREET ADDRESS -140 BRAZILIAN AVENUE-33407 West Palm Beach, FL 5.4 CITY - ST - ZIF -PALM BEACH FL 03400 CITY-ST-ZIP X Change Addition-DELETE 61 TITLE TITLE 62 NAME -O'CONNOR, GERALD J MD-NAME -2601 N. FLAGLER DRIVE, #310-6.3 STREET ADDRESS STREET ADDRESS -WEST PALM BEACH FL 99407 6.4 CITY-ST-ZIP

14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (407)650-6223

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CR2E037 (12/95)

ST. MARY'S HOSPITAL, INC. 727579 2-2
BOARD OF GOVERNORS
1996-1997

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