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May 07 1998 8:00am  
Secretary of State

**NONPROFIT CORPORATION ANNUAL REPORT 1998**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 727579 (5)**  
1. Corporation Name  
**ST. MARY'S HOSPITAL, INC.**



Principal Place of Business  
**901 45TH STREET  
WEST PALM BEACH FL 33407**

Mailing Address  
**901 45TH STREET  
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified  
**09/28/1973**

4. FEI Number  
**59-0624445**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent  
**LARCOMBE, VALERIE  
901 45TH STREET  
WEST PALM BCH FL 33407**

10. Name and Address of New Registered Agent  
**81** Name **Valerie G. Larcombe**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1309 No. Flagler Drive**  
**83**  
**84** City **West Palm Beach** **FL** **85** Zip Code **33401**

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 617.0003, Florida Statutes.

SIGNATURE *[Signature]* **4/30/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHILLIP C	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE G	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, HARRY	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	SNED, WILLIAM JR	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NASK, FRANK	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CD William H. Sned, Jr.
3.3 STREET ADDRESS	901 45th Street
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VCD William K. Caler, Jr.
4.3 STREET ADDRESS	901 45th Street
4.4 CITY-ST-ZIP	West Palm Beach, FL 33407
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002515799
5.3 STREET ADDRESS	-05/07/98--01096--005
5.4 CITY-ST-ZIP	***1843.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SEE ATTACHED FOR COMPLETE
6.3 STREET ADDRESS	LIST OF BOARD OF DIRECTORS
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE *[Signature]* **4/30/98**

CR2E037 (1097)

**ST. MARY'S HOSPITAL, INC.  
BOARD OF GOVERNORS  
1998-1999**

**OFFICERS:**

William H. Sned, Jr., Chairman  
William K. Caler, Jr., Vice Chairman  
Phillip Dutcher, IHS President  
Valerie Goodwin Larcombe, Secretary  
Frank Nask, Treasurer

**BOARD MEMBERS:**

Frederick Adler, IHS Chairman  
James Y. Arnold  
William Bradford, Associate Board Chairman  
John J. Brogan  
Sister Roberta F. Brunner, OSF  
Joel E. Cohen, M.D.  
David Dodson, M.D., Past Chief of Staff  
Vince Elhilow  
Mary Kay Farley  
Gerald Goldsmith  
Donald Goodwin, M.D., Chief of Staff  
Leonard M. Heine, Jr.  
Thomas Hessert  
Robert C. Ifft, M.D.  
Richard S. Johnson, IHS Vice Chairman  
Harry A. Johnston  
Bettye King  
Paul R. Liebman, M.D.  
Thomas D. McCloskey  
Sondra Mack  
John D. Mashek, Jr.  
Bernard F. O'Hara, M.D.  
Ogden M. Phipps  
William E. Reidy  
Richard T. Reminger  
David B. Rinker  
Patrick Rooney  
David L. Rudnick

Michael Schultz  
Dorothy Schulman, Foundation Chairperson  
Marvin H. Schur  
Joseph B. Shearouse, Jr.  
Peter A. Sherman, M.D.  
Lesly Smith  
Patt Sned  
Sister Janet Sullivan, OSF  
Thomas B. Walker