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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727579

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

562400-90021-11



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/28/1973

4. FEI Number

59-0624445

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LARCOMBE, VALERIE
1309 NO. FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DUTCHER, PHILLIP C
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE
NAME LARCOMBE, VALERIE G
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE CD ☐ DELETE
NAME WILLIAM H SNED JR
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VCD ☐ DELETE
NAME WILLIAM K CALER JR
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE TD ☐ DELETE
NAME NASK, FRANK
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/99

561 650 6223

Date

Daytime Phone #

CR2E037 (11/98)

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

SL2400-9002H1.
DOC#727579

OFFICERS:

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

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William Bradford, Associate Board Chairman
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Sister Roberta F. Brunner, OSF
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Vince Elhilow
Mary Kay Farley
Gerald Goldsmith
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Thomas Hessert
Robert C. Ifft, M.D.
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