

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727579

1. Entity 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 33407-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0624445

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Valerie G. Larcombe, Esquire

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

777 S. Flagler Drive, Suite 900E

City West Palm Beach

FL

Zip Code 33401

8. 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

*Valerie G. Larcombe*  
Signature, typed or printed name of registered agent and title if applicable.

Valerie G. Larcombe

4/27/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☒ Change ☐ Addition  
NAME Steven Nathan  
STREET ADDRESS 901 45th Street  
CITY-ST-ZIP West Palm Beach, FL 33407

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE TD ☒ Change ☐ Addition  
NAME Michael Loscalzo  
STREET ADDRESS 901 45th Street  
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Nathan* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan 4/27/00 561-650-6201

President and CEO

Daytime Phone #

FILED  
May 06, 2000 8:00 am  
Secretary of State

05-06-2000 90152 001 \*1,685.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

**ST. MARY'S HOSPITAL, INC.**  
**BOARD OF GOVERNORS**  
**2000-2001**

727579  
12083

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William K. Caler, Jr., Vice Chairman  
Steven Nathan, IHS President  
Valerie Goodwin Larcombe, Secretary  
Michael Loscalzo, Treasurer

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