

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 026 ****61.25

DOCUMENT # 727-579
1. Entity Name
ST. MARY'S HOSPITAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1401 FORUM WAY
Suite, Apt. #, etc.
SUITE 101
City & State
WEST PALM BEACH, FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country Zip Country
33401

DO NOT WRITE IN THIS SPACE

4. FEI Number
590624445

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DALE S. WEBBER

Street Address (P.O. Box Number is Not Acceptable)
401 E. JACKSON ST.

SUITE 2500

City
TAMPA **FL** Zip Code
33602

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  **5/13/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIEL F. RUSSELL 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD C. KENT RUSSELL 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT V. STANEK 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM BRICKER 1401 FORUM WAY, SUITE 101 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **William J Bricker** **5/20/02** **561-686-0769**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037B (12/01)