


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 727579
 1. Entity Name
ST. MARY'S HOSPITAL, INC.



Principal Place of Business Mailing Address
 1645 PALM BEACH LAKES BLVD 1645 PALM BEACH LAKES BLVD
 SUITE 440 SUITE 440
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP CR2E037 (11/05)

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
WEBBER, DALE S
401 E JACKSON ST
SUITE 2500
TAMPA, FL 33602

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

OK to pay

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO RUSSELL, DANIEL F 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSSELL, C K 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANEK, ROBERT V 1645 PALM BEACH LAKES BLVD STE 440 WEST PALM BEACH, FL 33401
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 03/10/06 80001 002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **Robert V. Stanek, CEO** (561) 686-0769
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **x203**