


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

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| Principal Place of Business 1645 PALM BEACH LAKES BLVD SUITE 440 WEST PALM BEACH, FL 33401 | Mailing Address 1645 PALM BEACH LAKES BLVD SUITE 440 WEST PALM BEACH, FL 33401 |
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02202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-0624445 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WEBBER, DALE S 401 E JACKSON ST SUITE 2500 TAMPA, FL 33602 |
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**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD 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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100000458800
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:  **Robert V. Stanek, CEO**

Date

Daytime Phone # **(561) 686-0769**